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**Report of Participation in**

Staff and Student Exchange Program in 2017

**Part 1: Personal information**

1. Country ………………………….................................................................................................

**Part 2: Information about participation in program**

2. Host faculty ……………………………………………………………………………………… Supervisor’s name………………………………………………………………………………...

3. Duration of participation

From (D/M/Y) to (D/M/Y)

4. Activity

4.1 Study

Number of subjects and credits registered at UBU

|  |  |  |
| --- | --- | --- |
| **Subject** | **Credits** | **Grade** |
|  |  |  |
|  |  |  |
|  |  |  |

Number of credits transferred to the home university credits

4.2 Training/internship/research

|  |  |  |
| --- | --- | --- |
| **Title** | **No. of hours** | **Grade** |
|  |  |  |
|  |  |  |
|  |  |  |

4.3 Others (please specify)

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**Part 3: Experiences gained from participation at UBU**

Please mark (✓) based on level of satisfaction

5 = Excellent 4 = Very good 3 = Good 2 = Poor 1 = Very poor

Tick ✓ ‘Not applicable’ column for any items not provided by the host faculty

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Level of satisfaction** | | | | | Not applicable |
| **5** | **4** | **3** | **2** | **1** |
| **Academic aspects provided by the host faculty** | | | | | |  |
| - Educational materials |  |  |  |  |  |  |
| - Learning equipment |  |  |  |  |  |  |
| - Library |  |  |  |  |  |  |
| - Quality of instructors |  |  |  |  |  |  |
| - Quality of programs |  |  |  |  |  |  |
| - Class environment |  |  |  |  |  |  |
| - Methods of teaching |  |  |  |  |  |  |
| - Others, please specify ………………………………………………………………………………….  …………………………………………………………………………………………………………… | | | | | | |
| **Services** | | | | | |  |
| - Registration |  |  |  |  |  |  |
| - Accommodation |  |  |  |  |  |  |
| - Health care |  |  |  |  |  |  |
| - Visa assistance/extension |  |  |  |  |  |  |
| - Cultural activities |  |  |  |  |  |  |
| - Pick-up arrangements |  |  |  |  |  |  |
| - Guidance |  |  |  |  |  |  |
| - Others, please specify ………………………………………………………………………………….  …………………………………………………………………………………………………………… | | | | | | |

**Part 4: Benefits gained from participation**

Please mark (✓) based on level of satisfaction

5 = Excellent 4 = Very good 3 = Good 2 = Poor 1 = Very poor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Level of satisfaction** | | | | |
| **5** | **4** | **3** | **2** | **1** |
| Cross-cultural understanding |  |  |  |  |  |
| Knowledge related to improvement of your area of study |  |  |  |  |  |
| English language proficiency improvement |  |  |  |  |  |
| Profile enhancement |  |  |  |  |  |
| Career path preparation |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Social skills improvement |  |  |  |  |  |
| - Others, please specify ………………………………………………………………………  ………………………………………………………………………………………………. | | | | | |

**Part 5: Suggestions to help us improve the program**

5.1 Academic aspects

5.2 Services

* Registration

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* Accommodation

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* Health care

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* Visa assistance/extension

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* Cultural activities

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* Pick-up arrangements

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* Guidance

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5.3 Other suggestions

Thank you very much for you co-operation