Hamamatsu University School of Medicine
Exchange student evaluation form

Name			
Student ID		E-mail	
Host university		Clinical clerkship department	
Period of Time			
Attendance	Superior ( ) Excellent ( ) Good ( ) Satisfactory ( ) Fail ( )		
Attitude	Superior ( ) Excellent ( ) Good ( ) Satisfactory ( ) Fail ( )		
Medical knowledge	Superior ( ) Excellent ( ) Good ( ) Satisfactory ( ) Fail ( )		
Clinical skills	Superior ( ) Excellent ( ) Good ( ) Satisfactory ( ) Fail ( )		
Assessment			
Appraiser's name and position			
Date		Signature	