**UCSF School of Medicine**

**GLOBAL HEATH STUDENT EVALUATION**

**Section for student to fill out:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Name  |  | Type of Experience: Emergency, Ward, etc.  |
|  |  |  |
| Location (Country & Institution) |  | Dates of Experience |
|  |  |  |

**Section for preceptor to fill out:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Faculty Preceptor Name  |  | Faculty Preceptor Signature |
|  |  |  |

# Overall Student Assessment:

|  |  |  |
| --- | --- | --- |
|  Pass \_\_\_\_\_\_\_\_\_  | Fail \_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  **Please Submit Comments on Student’s Performance:**  |