

Chamberlain University Fellowship Program
Annual Program Evaluation**Section I**

Research Fellow Name: _____

Academic Program/Campus: _____

Date: _____

Section II

Please rate the following components utilizing the following 5-Point Likert Scale:

5 - Strongly Agree**4 – Agree****3 - Neither Agree or Disagree****2 - Disagree****1 – Strongly Disagree**

	1	2	3	4	5
Program goals and expectations were met					
Frequency and mode of communication between meetings was appropriate					
Interactions with the program facilitator were purposeful and beneficial					
Communication facilitated a positive fellowship experience					
Guidance provided by the program facilitator was helpful and timely					
Adequate time was available to serve effectively in the fellow role					
Comprehensive learning resources were available and accessible					
CITI Course was beneficial					

Comments:

Recommendations for improvement: