

End of Course Summer Curriculum Survey

OMB No.: 0925-0642
Expiration Date: 05/31/2020

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End of Course Summer Curriculum Survey

1. Overall, please rate your satisfaction with the **Name of course** (please circle your answer).

Not satisfied **Extremely satisfied**
1 2 3 4 5

2. Were the learning objectives that were outlined in the course syllabus met? (Please circle your answer)
Yes **No** (If no, please elaborate)

3. On a scale of 1-5, how useful were the Project Concept Papers in developing and/or refining an activity that you can implement when you return to your home institution? (Please circle your answer)

Not useful **Extremely useful**
1 2 3 4 5

4. On a scale of 1-5, how useful were case studies in reinforcing the lecture materials? (Please circle your answer)

Not useful **Extremely useful**
1 2 3 4 5

5. On a scale of 1-5, please rate your satisfaction with the Poster Session? (Please circle your answer)

Not satisfied **Extremely satisfied**
1 2 3 4 5

6. Will you be able to apply what you have learned in this course? (Please circle your answer)

Yes **Maybe** **No** If yes, then how?

7. Are there topics that were not covered during the course that you would recommend we incorporate into future offerings of this course? If so, please provide examples.

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8. On a scale of 1-5, how satisfied were you with the extracurricular activities throughout the course? (Please circle your answer)

Activity	Not satisfied			Extremely satisfied		
Pot Lucks	1	2	3	4	5	Not Applicable
Sightseeing tours	1	2	3	4	5	Not Applicable
NIH organized tours	1	2	3	4	5	Not Applicable

9. Is there anything that the Cancer Prevention Fellowship Program could have done to improve your experience?

10. Would you recommend this course to your colleagues? (Please circle your answer)

Yes **Maybe** **No**

11. What was your favorite aspect of this course (e.g. specific lecture, activity, discussion group)?

12. What was your least favorite aspect of this course?

13. Additional comments or suggestions for the course: