OMB Control No. 0551-New Expiration Date: ##/##/####

Mid-Program Survey [Fellow]

Please complete this form and return no later than the third week of the visit to the Host Institution.

For urgent issues please contact your Borlaug Fellowship Program Manager.

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Basic Information	
Your Name and contact inform	nation (email, phone, and mailing address):
Home Country:	
Sex:	
Highest education level at app	olication: Masters/PhD/other
(specify:) Fellowship start year
Initial Impressions about Y	<u>'our Borlaug Fellowship</u>
program. Please indicate when	about your experience with the Borlaug Fellowship re appropriate, on a scale of 1 to 5, your response to with 1 = not at all and 5 =better than expected . e reason for your scoring.
 Did you and your Me fellowship prior to yo 	ntor discuss the work plan for this 12-week our arrival?
Check one: YES □ Comments (optional):	NO 🗆
	by someone from the host institution 4-8 arrival to ensure you had all the necessary arrival?
Check one: YES □ Comments (optional):	NO 🗆
3. Did you receive an o	rientation upon arrival to the host institution?
Check one: YES □ Comments (optional):	NO 🗆
4. How many hours per	week did you spend working with your Mentor? _
Comments (optional):	

	Comments (optional):								
6.	Is there a sufficient m	nix of cl	lassro	om, la	borat	ory a	nd field activities?		
Score	(Please circle your answ	er):	1	2	3	4	5		
Explai	in your answer:								
7. Is the housing provided by your host institution sufficient?									
Score	(Please circle your answ	er):	1	2	3	4	5		
Explai	in your answer:								
8.	Is the transportation	provide	ed by	your h	ost in	stitu	tion sufficient?		
Score	(Please circle your answ	er):	1	2	3	4	5		
Explai	n your answer:								
9.	Did you receive your week at your host ins			ce pay	ment	with	in your first		
	Check one: YES □ Comments (optional):	NO 🗆							
10. How often do you receive your allowance payments?									
	[free res	ponse]							
11. Are the other resources provided by your host institution sufficient?									
	(Please circle your answin your answer:	er):	1	2	3	4	5		

12. Do you have other questions and concerns?

Public Burden Statement. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The public reporting burden for this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, and completing and submitting the collection of information.