# Off-Site Elective Advisor’s Evaluation of Learning Experience

<table>
<thead>
<tr>
<th>STUDENT’S NAME</th>
<th>LOCATION NAME</th>
<th>OFF-SITE ADVISOR’S NAME</th>
<th>DATES ATTENDED</th>
</tr>
</thead>
</table>

**INSTRUCTIONS:** The student’s advisor/clinical supervisor should complete this form and fax it to the OSU College of Veterinary Medicine Office of Professional Programs at (614) 688-5472 within two weeks of the completion of the student’s experience.

Overall Grade:  (Please check one)
- Exceptional ______
- Satisfactory ______
- Unsatisfactory ______

If unsatisfactory, please explain in the “Comments” section. Please note that a minimum graduate of “Satisfactory” is required for graduation.

**Comments:** Evaluate overall teaching/learning experience. What were the student’s strengths/weaknesses? Were you favorably impressed with the student and his/her professional performance?

(Please continue on reverse side if needed)

______________________________
Off-site advisor’s signature

______________________________
(Please print your name here)

If you prefer to return this form via US mail, instead of faxing it back, please use the address below:

The Ohio State University College of Veterinary Medicine  
Office of Professional Program Support  
000SB Veterinary Medical Center  
601 Vernon Tharp Street  
Columbus, OH 43210

Thank you for hosting our student. Each student will receive a copy of his/her evaluation.