

**University of Minnesota**  
**International Medical Education and Research Program**  
**MMC 293**  
**420 Delaware St. S.E.**  
**Minneapolis, MN 55455**

**MENTOR'S EVALUATION OF STUDENT**  
*(please print)*

Student: \_\_\_\_\_

Mentor: \_\_\_\_\_

International Site: \_\_\_\_\_

Dates of Visit: \_\_\_\_\_

**Please rate student using following scale:**  
**5 = Excellent; 3 = Good; 1 = Poor; 6 = Not applicable**

1. Medical knowledge and management of patients.  
*Comments:*

**Rating:** \_\_\_\_\_

2. Relationship with other members of medical team (professionalism).  
*Comments:*

**Rating:** \_\_\_\_\_

3. Initiative and commitment  
*Comments:*

**Rating:** \_\_\_\_\_

4. Assessment of clinical competence/research performance.  
*Comments:*

**Rating:** \_\_\_\_\_

5. Overall assessment.  
*Comments:*

**Rating:** \_\_\_\_\_

\_\_\_\_\_  
Mentor's signature/date