



HAWAII SPACE GRANT CONSORTIUM URI Evaluation Form

We would greatly appreciate your response to this questionnaire to help us evaluate and improve the undergraduate fellowship and traineeship programs.

* = Required for funded participants only

Type: **Mentor** **Research** **Trainee** **Summer Intern** **Associate Director**

Other: _____

(Check one)

Name: _____ **Date:** _____

* **Campus:** _____

* **Semester and Year(s) Awarded:** _____

Are the instructions and guidance given to the applicants adequate? If not, how can they be improved?

Are the instructions and guidance given to space grant recipients, and mentors by the space grant office personnel adequate? If not, how can they be improved?

How would you rate the overall value of the URI program?

How can the program be improved? (Please continue on the back if necessary)

