

Fu Jen Catholic University, School of Medicine

TRANSCRIPT OF RECORDS

ACADEMIC YEAR:

FIELD OF STUDY: NAME OF SENDING INSTITUTION: Faculty/ Department: Institution coordinator: Tel: E-mail: NAME OF STUDENT: Last Name: First Name: Date of birth: E-MAIL: NAME OF RECEIVING INSTITUTION: Faculty/ Department of Institution coordinator: Tel: Fax: E-mail:

Course	Title of the course unit	Duration of	Local
Unit Code		course unit	grade

Date: Signature of registrar/dean/administration officer: Stamp of institution

Fu Jen Catholic University, School of Medicine, Taiwan, R.O.C. Overseas Clerkship Evaluation form

(2015.01.29)

Name of School:				Name of Student:							
Name of Hospital:				Department:							
Period of Clerkship:				Issued Date:							
Items		Evaluation	Unsatisf actory	Below Average	Average	Above Average	superior	N/A			
Knowledge	2.Und clini 3.App	ic knowledge in this cialty lerstanding of common ical problems lication of knowledge olve clinical problems	g of common ms knowledge								
Skills	1.Ability in history taking 2.Ability in physical examination(PE) 3.Confidence in history taking and PE 4.Ability of case presentation 5.Ability of recording history										
Attitude	1.Altruism 2.Reliability and responsibility 3.Respect to other students faculty or staff										
Overall Performance	2.Con 3.Logi thin 4.Hor	improvement ptability nmunication ability ical inference & critical king or and integrity									
5.Cooperation Global grade: Please circle according to: A ⁺ , 90~100%; A, 80~89%; B, 70~79%; C, 60~69%; D, below 60% Critical Comments:							С	D			
Areas of praise:											
Areas for improvement:											
Signature of Supervisor:											