



UBC M&P STAFF DEVELOPMENT AND EXCHANGE PROGRAM (UBC SDX) FINAL REPORT

***Please note that all responses are confidential and will not be shared outside of the SDX program administration. You may be contacted for further information to assist us to improve the program.*

IDENTIFICATION	
APPLICANT/TRAVELLER NAME:	HOME UNIT AND CAMPUS:
HOST'S NAME:	HOST UNIT AND CAMPUS:
DATES OF EXCHANGE:	
BRIEF DESCRIPTION OF ACTIVITIES	

WHY DID YOU APPLY TO PARTICIPATE IN THIS PROGRAM?

DID THE EXPERIENCE MEET YOUR EXPECTATIONS?

YES

NO

PLEASE PROVIDE ANY DETAILS AS TO WHY/WHY NOT.

DID YOU FEEL WELCOME DURING YOUR EXCHANGE?

YES

NO

WHAT DID YOU ENJOY MOST ABOUT THE EXCHANGE? THE LEAST?

DID ANYTHING ABOUT THE HOST UNIT/CAMPUS SURPRISE YOU?

DO YOU BELIEVE THE EXCHANGE WAS OR WILL BE BENEFICIAL TO YOUR ONGOING WORK?

PLEASE PROVIDE ANY DETAILS AS TO WHY/WHY NOT.

CONSIDERING YOUR EXPERIENCE, IS THERE ANYTHING YOU WILL CHANGE ABOUT THE WAY YOU WORK?

IF YES, PLEASE EXPLAIN.

WAS ANYTHING DIFFICULT TO MANAGE OR NAVIGATE (E.G. ARRANGING THE EXCHANGE, CREATING A WORK PLAN, TRAVEL, LOCATING HOST, FILLING WORK DAY, TRANSPORTATION, ETC.)? PLEASE TELL US ABOUT ANY DIFFICULTY, NO MATTER HOW MINOR, YOU ENCOUNTERED.

IS THERE ANYTHING ELSE YOU WISH TO SHARE ABOUT YOUR EXPERIENCE?

WOULD YOU BE WILLING TO HAVE A 30 MINUTE MEETING WITH SDX ADMINISTRATION TO DISCUSS YOUR EXPERIENCE? **YES** **NO**

SIGNATURE SECTION:

APPLICANT

I (applicant) verify that all of the information contained within this final report is true and complete to the best of my knowledge

NAME:

SIGNATURE:

DATE:

**When the form is complete please submit via email to:
Kristen Korberg at kristen.korberg@ubc.ca**