MAPÚA UNIVERSITY	**INTERNATIONAL PLANT VISIT POST SURVEY FORM**	Document No. : FM-CS-12-01 Effective Date: July 28, 2017

With our desire to measure the success of International Plant visit and in order to ensure a high level of service and making sure we continue to improve, we would really appreciate your comments about the trip if you have a moment. We welcome every comment.

School: _____
Program: _____
Academic Quarter of Visit: _____
Destination: _____

Instruction: Please rate the following aspects of your trip from 1 to 5 with 1 being the lowest and 5 the highest. Check the appropriate box.

Criteria	**N/A**	**1**	**2**	**3**	**4**	**5**
Itinerary Organization						
Activities Selected						
Overall quality of the meals (during tour)						
Are all changes/updates well communicated?						
Are all safety measures well communicated?						
Cultural tours						

Hotel Accommodation

Criteria	**N/A**	**1**	**2**	**3**	**4**	**5**
Location						
Overall room						
Cleanliness						
Staff						
Breakfast variety						
Breakfast Quality						

Transportation

Criteria	**N/A**	**1**	**2**	**3**	**4**	**5**
Safety						
Convenience						
Comfort						
Driver's Professionalism						

Tour Guide

Criteria	**N/A**	**1**	**2**	**3**	**4**	**5**
Professionalism						
Personality						
Overall tour management						
Attention to student needs						
Attention to safety during tour						
Flexibility and planning						

Please provide any comments

_____
_____
_____
_____

Name (optional) _____

Note: All information shall be used by the University for legitimate purposes specifically for evaluation for the international plant visit program of the University, and shall be processed only by authorized personnel in accordance with the Data Privacy Policy of the University.