Semester and Year of Graduation: \_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_

1. What were the most useful experiences for you as an international student at OTC? Please check all that apply.

* The learning environment/the facilities of the college
* Subjects or program of study
* The ability to make friends
* OTC students
* Staff members
* Other: \_\_\_\_\_\_\_\_

1. What programs or services do you suggest the International Programs Office should provide for international students in the future?

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1. Please list the most challenging aspect(s) of being an international student at OTC?

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1. Please rate your own participation or involvement with IPO (e.g. attending the International Student Education Day Event, sports activities, local fun activities).

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

1. Please rate the ease of access to members of the International Student Program when you need assistance:

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

1. Please rate the quality of your transfer and/or graduation process:

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

1. Please rate the responsiveness of the International Office when you have questions or problems:
2. Poor 2. Fair 3. Average 4. Good 5. Excellent
3. Please rate your overall educational experience at OTC:

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

1. Please rate your overall experience in Springfield:

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

*Please return to ICW 109 or email to* [ipo@otc.edu](mailto:ipo@otc.edu) *or fax to 417.447.6925*

*Thank you!*