Dear all,

To make sure that we could further improve our services, we would greatly appreciate your comments on the services we provided. Kindly complete this questionnaire and return it to Putra International Center (i-PUTRA).

Thank you.

Respondent Details:

A. GENDER : __________________________  B. AGE : __________________________
C. MOBILITY PROGRAM NAME : __________________________
D. MOBILITY PROGRAM DATE : From __________________________ to __________________________
E. MOBILITY PROGRAM DURATION : __________________________
F. HOST INSTITUTION AND COUNTRY : __________________________
G. E-MAIL ADDRESS : __________________________

Using the Likert Scale below, kindly evaluate the following items (circle your answer):

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unsatisfying</td>
<td>Unsatisfactory</td>
<td>Average</td>
<td>Satisfactory</td>
<td>Very satisfying</td>
</tr>
</tbody>
</table>

1. Do you find the information on the website helpful to assist you in your mobility program application?
   1  2  3  4  5

2. Do you find the information on UPM Mobility’s program clear and easily understandable?
   1  2  3  4  5

3. How would you rate the assistance provided by the Mobility officer throughout the application process?
   1  2  3  4  5
4. How would you rate the feedback efficiency given during correspondence (face-to-face/ email/ calls)?

1 2 3 4 5

5. Have the mobility program attended managed to fulfill the objective you had?

1 2 3 4 5

6. Based on your overall experience, how would you rate our services?

1 2 3 4 5

7. Do you have any other comments, concerns, or suggestions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. This feedback form is submitted by :

☐ Group Representative (Mobility program director / Mobility Program committee member)

☐ Individual mobility participant

☐ Other : _______________________

-Thank You-

NO. SEMAKAN : 01
NO. ISU : 01
TARIKH KUAT KUASA : 14/08/2020