

Air Force Summer Faculty Fellowship Program Administered by: Systems Plus, Inc.



EVALUATION QUESTIONNAIRE

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Your printed name:
Name of Air Force research
facility: Air Force lab contact (advisor):
1. Is it likely that you will use your summer experience as a basis for continuing research of interest to the Air Force at your institution?
□ Yes
□ No
☐ Uncertain
2. Are you interested in maintaining a research relationship with the professional peers with whom you collaborated in the laboratory this summer?
□ Yes
□ No
3. To what extent do you think your research interests and capabilities have been affected by this summer's experience? (You may check more than one.)
□ Redirected
□ Advanced
Maintained
☐ Unaffected



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4.		ald you recommend this program to your faculty colleagues and/or peers as a favorable cans of advancing their professional development as researchers?
		Yes
		Not really
5.		ow will this experience affect your teaching and your students' experiences? (You may eck more than one.)
		I will integrate new information into courses.
		I will start new courses.
		I will share my research experience.
		I will reveal opportunities for future employment in government agencies.
		It will serve to deepen my own grasp and enthusiasm.
		It will affect my teaching little, if at all.
		N/A: I am a graduate student.
6.	Но	w did you learn about the program?
		I received an e-mail announcement.
		I heard about it through social media.
		I saw an ad in a professional publication. Name of publication:
		I heard about it from a colleague.
		I was asked to accompany my professor.
		I am a returning participant.
		Other:



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7.	If you could, what would do you to improve the program?			

Thank you for helping Systems Plus, Inc. improve its programs and services!

PLEASE RETURN SIGNED AND COMPLETED FORMS ALONG WITH YOUR FINAL REPORT AND THE PATENT AND INVENTIONS FORM TO:

Systems Plus, Inc.

AFSSP Program

afsffp@sysplus.com