

**HUNGARIAN MEDICAL ASSOCIATION OF AMERICA, INC.  
P.O. BOX 337, BUFFALO, NY 14213-0337**

**EXIT INTERVIEW**

NAME:

MEDICAL SCHOOL IN HUNGARY:

DATES ATTENDED IN BUFFALO:

ROTATION TAKEN IN BUFFALO:

NAME OF YOUR ATTENDING IN BUFFALO:

- 1) Was the program well publicized at your school in Hungary?
- 2) Did you find the personal interview in Budapest informative?
- 3) Did you find the personal interview challenging?
- 4) Did you receive timely responses to your questions from the HMAA?
- 5) Did you receive timely responses to your questions from the Medical Student Office in Buffalo?
- 6) Was your dormitory arrangement satisfactory?
- 7) Describe briefly each rotation you had and your opinion about its value?