



## INSTITUTIONAL EVALUATION OF STUDENT AWAY ROTATION

Upon completion of an off-campus study experience, this evaluation form must be completed by the faculty course director before appropriate credit can be recorded on the official transcript of the University of Chicago.

**Please return completed forms to:**  
 Maureen Okonski, Registrar  
 924 East 57th Street, BSLC 104Q  
 Chicago, Illinois 60637-5416  
 mokonski@bsd.uchicago.edu  
 773.702.3994 (phone)  
 773.834.1920 (fax)

### STUDENT INFORMATION

Student Name: _____	Date of Elective From: _____ To _____
Institution: _____	Grade Evaluation:
Course: _____	Honors
Course Supervisor: _____	High Pass
If Research or Other Activity, Please Specify:	Pass
	Fail
	Incomplete

Comments:  
*(If More Space is Needed, Use Additional Page)*

### INSTITUTION INFORMATION

Institution Name: \_\_\_\_\_  
 Institution Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Faculty Course Director Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EVALUATION CERTIFICATION

Name of Individual Making this Report: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRITZKER SCHOOL OF MEDICINE OFFICE USE – Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_