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:__________________________________________
Institution:_____________________________________________
Course:_______________________________________________
Course Supervisor:_______________________________________
If Research or Other Activity, Please Specify:

Date of Elective From:_______________ To ______________
Grade Evaluation:
Honors
High Pass
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:___________