



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:
Michael McGinty, Registrar
924 East 57th Street, BSLC 104Q
Chicago, Illinois 60637-5416
mmcginty@bsd.uchicago.edu
773.834.1334 (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: _____