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: ____________________________________
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: _______________________________________
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: ____________