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@uchicago.edu
T: 773.834.1334
F: 773.834.1920

STUDENT INFORMATION

Student Name:__________________________________________  Date of Elective From:_____________ To ______________
Institution:_____________________________________________
Course:_______________________________________________
Course Supervisor:_______________________________________
If Research or Other Activity, Please Specify:

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:___________