OFF-CAMPUS STUDY INSTITUTIONAL EVALUATION OF STUDENTS

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, BSCL 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: ______________________________
Course: __________________________________
Course Supervisor: ________________________
If Research or Other Activity, Please Specify:

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: __________