



SENIOR ELECTIVE/SELECTIVE EVALUATION FORM

Student's Name: _____

Course/Rotation Title: _____

School/Hospital: _____

Date of Course/Rotation: _____

Course/Rotation Director: _____

Contact Phone #: _____

PLEASE MARK THE APPROPRIATE GRADE FOR THE STUDENT NAMED ABOVE AS FOLLOWS:

_____ **Pass** _____ **Fail**

Please note: Starting with the 2005-2006 academic year, UT Southwestern no longer accepts Honors "H" as a valid grade. In accordance with the new policy, any evaluation form graded Honors will be changed to Pass in the official student record.

Comments (not required):

Course/Rotation Director's Signature

Date

Please return this form to:

**UT Southwestern Medical Center
Office of the Registrar
Medical School Records
5323 Harry Hines Blvd.
Dallas, TX 75390-9096
Telephone: (214) 648-3606
FAX: (214) 648-3289**

With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.