## UTSouthwestern Medical Center

## 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 APPROPRIAT	FOLLOWS	OR THE STUDENT NAMED ABOVE AS S:
	Pass	Fail
Please note: Starting with the 2005-2006 academic year accordance with the new policy, any evaluation form grant process.		
Comments (not required):		
Course/Rotation Director's Signature	_	Date
Please return this form to:		UT Southwestern Medical Center
		Office of Enrollment Services
stuinfo@utsouthwestern.edu	OR	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.