

TRAINING EVALUATION

OLD DOMINION UNIVERSITY
Weekend College and Experiential Learning
138 Gornito TELETECHNET Center • Norfolk, VA 23529
Phone 757-683-6388 • FAX 757-683-6107

TO: _____ DATE: _____
(Department)

FR: Sandra M. Waters, Director, Experiential Learning

STUDENT: _____ **UIN.#** _____

has requested that you review the attached documentation for academic credit through course work at a non-regionally accredited institution documentation provided:

Is additional documentation or interview with student required? _____ If yes, please specify.

For faculty reviewer:

Academic credit granted for _____ semester hours

Course number(s) and titles(s): _____

Meets general education requirement? _____ YES _____ NO

Academic credit to be granted at the satisfactory completion of these Old Dominion University course(s):

_____ (course # and title)

_____ (course # and title)

For course substitution:

This course substitutes for _____
(course # and title)

Denial of academic credit:

Academic credit denial due to: _____

Signed by:

_____ Date: _____
(faculty reviewer)

_____ Date: _____
(department chair or dean)

OFFICE OF EXPERIENTIAL LEARNING

Date Received: _____ Date sent to Registrar: _____

Director of Experiential Learning