CAREER DEVELOPMENT – EVALUATION FORM

NAME:_____ **POSITION:**_____

CENTER:_____

COLLEGE / UNIVERSITY:

AREA OF STUDY:

SEMESTER	***COURSE - Number and Name***	**CREDITS**

PLEASE DESCRIBE THE COURSE CONTENT AND EVALUATE IT IN TERMS OF YOUR PERSONAL GOALS:

WHAT DID YOU LEARN IN THIS COURSE THAT YOU WOULD LIKE TO BEGIN USING IN YOUR PRESENT POSITION?

Please submit this completed course Evaluation Form and a copy of your transcript as soon as possible to the HR Manager.
NOTE: GRADE OF "C" OR BETTER IS REQUIRED TO CONTINUE IN THE CAREER DEVELOPMENT PROGRAM.

DATE SUMBITTED TO FINANCE OFFICE FOR PAYMENT:_____ **AMOUNT:**_____

REQUISITION/PURCHASE ORDER #_____ **GRADE:**_____

SIGNATURE:_____ **DATE:**_____