FACULTY EVALUATION

Please return completed evaluation to the student, mail it to OCS, (mailstop: 1-OCS) or complete electronically at: go.carleton.edu/ocseval

If you have any questions, give OCS a call, x4332

Faculty name (please print): ____________________________________________________________

Dept: __________________________ Email: __________________________

Student’s name (please print): __________________________________________________________

OCS Program: ______________________________________________________________________

Please discuss the following three questions with the student requesting this evaluation, and then complete the remainder of the evaluation, including your written comments:

1. Does this program fit into this student’s liberal arts education and/or major or concentration?

2. What are this student’s personal and academic expectations for this program? How does this program propose to meet those expectations?

3. What information and sources has the student used to assure him/herself and you that this program is academically comparable to a term at Carleton?

Having reviewed the student’s expectations of the proposed program and her/his academic progress at Carleton, I would rank the program’s appropriateness for her/his academic and personal goals as:

10 -------------------- 7 ----------------------------- 5 ------------------------------ 3 ---------------------------- 1
Extremely appropriate A reasonable fit Very unsuitable

Comments:

I am familiar with this program ☐ personally or through colleagues
☐ from former students
☐ from conversations with this student
☐ using the web or published information

I recommend that this student receive Carleton credit for this program. ☐ Yes ☐ No

☐ I cannot make a recommendation, because I know too little about the student in the context of this program to comment.

Faculty signature: ___________________________________________________________ Date: _________________

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