

CIVILIAN INSTITUTION ACADEMIC EVALUATION REPORT

For use of this form, see AR 623-3; the proponent agency is DCS, G-1.

SECTION I - ADMINISTRATIVE DATA *(To be completed by the student detachment or Installation Education Services Officer)*

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. SSN	3. GRADE	4. BR	5. SPECIALTY/MOSC
6. COMP	7. APPLICABLE REGULATION			
8. THIS IS A REFERRED REPORT, DO YOU WISH TO MAKE COMMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. DURATION OF COURSE (YYYYMMDD) From: Thru:			

SECTION II - EVALUATION *(To be completed by the Civilian Institution) ATTACH AN OFFICIAL TRANSCRIPT IN DUPLICATE*

10. NAME AND ADDRESS OF CIVILIAN INSTITUTION		
11. EVALUATION <i>(Evaluation of Student Performance should be based on the normal standard of performance at the institution. Identify the discipline of study, degree, and any special achievements or deficiencies noted, etc. Include aptitude for further schooling.)</i>		
DATE (YYYYMMDD)	TYPED NAME, TITLE AND TELEPHONE NUMBER	SIGNATURE

SECTION III - ADMINISTRATIVE REVIEW *(To be completed by the Reviewer)*

12. DID STUDENT SUCCESSFULLY COMPLETE THE COURSE? <i>(A "NO" response must be supported by comments in ITEM 13. An Official Transcript must be attached prior to submission of the report to the OMPF.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. REVIEWER COMMENTS		
DATE (YYYYMMDD)	TYPED NAME AND TITLE	SIGNATURE
DATE (YYYYMMDD)	SIGNATURE RATED SOLDIER	