

# 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