

**FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER
EVALUATION OF UNIVERSITY/COLLEGE COURSE WORK**

Submit 2 copies. Please print legibly or type all information. Attach grade slip/transcript.

Name _____ Building _____

Enrolled in Masters Program Yes No

University/College _____

Course Title and Number _____

No. of Credit Hours _____ Type _____ Semester _____ Quarter _____

Attended: Fall ___ Winter ___ Spring ___ Summer ___

Write the letter corresponding to the IPDP Obj. which is supported by this activity. _____

What benefits of this course can be shared with others? Please describe with whom and how you will share.

Employee's Signature _____ Date _____

LPDC USE:

Reviewed by _____ Date _____

APPROVED NOT APPROVED

Comments: _____

Additional information needed – See highlighted areas and resubmit.