

CIVILIAN INSTITUTION ACADEMIC EVALUATION REPORT

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

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. SPECIALTY/MOSC	5. COMP
6. TYPE OF REPORT <input type="checkbox"/> FULL-TIME, ON DUTY <input type="checkbox"/> PART-TIME, AFTER DUTY	7. PERIOD OF REPORT <i>(Year, month, day)</i> From: _____ Thru: _____ <input checked="" type="checkbox"/>		8. DURATION OF COURSE <i>(Year, month, day)</i> From: _____ Thru: _____		
9. EXPLANATION OF NONRATED PERIODS			10. APPLICABLE REGULATION		

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

11. NAME AND ADDRESS OF CIVILIAN INSTITUTION	
12. 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	TYPED NAME, TITLE AND TELEPHONE NUMBER	SIGNATURE
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SECTION III - ADMINISTRATIVE REVIEW *(To be completed by the Reviewer)*

13. DID STUDENT SUCCESSFULLY COMPLETE THE COURSE? <i>(A "NO" response must be supported by comments in ITEM 14. An Official Transcript must be attached prior to submission of the report to the OMPF.)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. REVIEWER COMMENTS	

DATE	TYPED NAME AND TITLE	SIGNATURE
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