



Scholarly Concentrations Program
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**SCHOLARLY CONCENTRATIONS PROGRAM ELECTIVE
 SELF-ASSESSMENT FORM AND EVALUATION**

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____
 Phone _____ Email _____ Period _____ Concentration _____

List learning objectives and work products (from the SCP ELECTIVE application form)

	Objectives	Work Products
1		
2		
3		

Please evaluate the extent to which the above objectives were achieved.

1.	
2.	
3.	
4.	
5.	

What challenges or obstacles did you experience during this SCP ELECTIVE?

Given the opportunity, what would you have changed about this SCP ELECTIVE?

How well did this SCP ELECTIVE meet your expectations?

Overall, what contributed most significantly to your learning in this SCP ELECTIVE? What was the most important feature to retain?

Do you have any additional comments about this SCP ELECTIVE?

Student signature	Date
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