

Purdue University
College of Science
Teaming and Collaboration Final Approval Form

Student: _____ Course/Context: _____

Evaluator _____ Date: _____

Evaluator:

1. Please complete the College of Science Teaming Rubric **a minimum of 3 times** during the teaming experience.
2. Provide a detailed summary review of the student's team experience and developmental process.

3. Comments

**Please Submit or Mail this document to:
Science Undergraduate Advising Office
Mathematical Sciences Building, Room 231
150 N. University St.
West Lafayette, IN 47907-2067**

or e-mail: scienceadvising@purdue.edu