



**BIOMEDICAL SCIENCES TRAINING PROGRAM
ROTATION EVALUATION**

ROTATION ADVISOR _____ DEPARTMENT _____

STUDENT NAME _____

DATES OF ROTATION _____

1. Did the student spend the expected 20-25 hours per week in the lab?

YES _____ NO _____

2. Did the student learn any new techniques?

YES _____ NO _____

3. Did the student get any new results or data?

YES _____ NO _____

4. How would you rate the student's overall performance in this rotation?

POOR _____ AVERAGE _____ GOOD _____ EXCELLENT _____

5. Based on this student's overall performance and compatibility with the laboratory as a whole, this student

IS _____ IS NOT _____ MAY BE _____ suitable for placement in my laboratory.

6. Comment on the student's strengths and weaknesses for graduate study (continue on back if necessary):

ROTATION ADVISOR SIGNATURE

STUDENT SIGNATURE

DATE

ACADEMIC ADVISOR

After student, rotation advisor and academic advisor have reviewed and signed this form, it should be returned with the rotation report to the BSTP Office, Room TG1, School of Medicine