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