

*Cell and Molecular Biology Graduate Group
Laboratory Rotation / Independent Study Evaluation*

This form must be completed at the end of the laboratory rotation and returned to the CAMB office.

STUDENT'S NAME: _____

STUDENT'S MATRICULATION DATE: _____ STUDENT'S PROGRAM: _____

ROTATION ADVISOR: _____

ROTATION/ INDEPENDENT STUDY DATES: _____

WHAT ARE THE STRENGTHS OF THIS STUDENT'S RESEARCH AND ABILITIES?

WHAT ARE THE WEAKNESSES OF THIS STUDENT'S RESEARCH AND ABILITIES? WHAT MIGHT BE DONE TO ADDRESS THESE WEAKNESSES?

WAS SUFFICIENT PROGRESS MADE DURING THE ROTATION? IF NO EXPLAIN BELOW.

DO YOU FEEL THAT THE STUDENT CAN COMPLETE A PH.D. THESIS PROJECT?

OVERALL EVALUATION OF THE ROTATION:

GRADE _____

WAS EVALUATION WAS REVIEWED WITH THE STUDENT? YES _____ NO _____