CMBS Laboratory Rotation Evaluation/Grade Form

MS STUDENTS: Please complete the top portion of this form and provide it to your mentor immediately upon completion of your laboratory rotation.

Student’s name: ________________________________________________________________

Mentor’s name and title: ________________________________________________________

Rotation dates: _______________________________________________________________

Credits: __________ (1-3) _______________________________________________________

MS MENTORS: Please send me the grade for your rotation students within 30 days of rotation completion.

Email: FLMOMP@gmail.com
Campus mail: Frank Margolis HSF2 -S203

Please rate the student’s performance on a scale of 1=Excellent to 5 =poor

• Research ability and potential
• Written and/or verbal communication skills
• Perseverance and independence
• Laboratory ability
• Originality
• Accuracy

Please provide a brief summary of the student’s performance.

Would you accept this student for a Thesis Project or as an employee in your lab.? _____Yes/No

Grade: ___________ (pass/fail)

Signature: ____________________________ Date: ___________