

**Program in Epidemiology and Human Genetics**

**Research Rotation Evaluation Form (student)**

**Students:** Please complete this form and forward it to the Epidemiology and Human Genetics academic office at jshinnick@som.umaryland.edu

**Student Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Mentor Name:** Click or tap here to enter text.

**Rotation Dates:** Click or tap here to enter text.

**Please describe the duties you performed:** Click or tap here to enter text.

**Please describe what you learned from this experience:** Click or tap here to enter text.

**Did you receive adequate guidance from the mentor? Please explain:** Click or tap here to enter text.

**Were the expectations of the mentor reasonable? Please explain:** Click or tap here to enter text.

**Would you recommend this mentor to other students? Please explain:** Click or tap here to enter text.

**On a scale of 1-5 (with 5 being the highest), how would you rate your overall experience:**

**1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ]

**Additional Comments:** Click or tap here to enter text.