

MOLECULAR MEDICINE Ph.D. PROGRAM

Laboratory Rotation Completion Form

NOTE: *The information you provide on this form is viewed only by the Track Leader, Program Manager and Program Director.*

Please complete this form, have it signed by the Track Leader, and return to Academic Services Specialist.
You will not receive credit for the rotations without this form!

Student name:	Mentor name and title:
Rotation dates:	Mentor department:

The goals achieved during this rotation were:

What I learned from this experience was:

Did you receive adequate training and guidance? Please explain:

Would you recommend this laboratory to other students? Please explain:

Rate your overall experience in this laboratory: 1 (very poor) to 5 (very positive):

Signatures:

Student: _____

Date: _____

Track Leader: _____

Date: _____