



CMBS & Toxicology Lab Rotation Completion Form

This form is to be filled out and turned in within 10 days of lab rotation completion. It must be signed by the Program Director, and then turned in to the Academic Program Specialist.

Student name:

Mentor name and title:

Rotation dates: _____ to _____

The goals achieved during this rotation were:

What did you learn from this experience?

Did you receive adequate training and guidance? Please explain:

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

Certification & Signatures:

I certify that any, and all data I generated (digital and hard copy) in PI's lab has been submitted to the PI.

Student Initials

Student: _____ Date: _____

Program Director: _____ Date: _____