



CMBS & Toxicology Lab Rotation Evaluation/Grade Form

CMBS STUDENTS: Complete the top portion of this form and provide it to your mentor immediately upon completion of your lab rotation.

Student name:

Mentor name and title:

Rotation dates: _____ to _____

Credits (1-3): _____

MENTORS: Please turn in the grade for your lab rotation students within 10 days of rotation completion to the CMBS Academic Program Specialist.

Email: egarcia-baca@som.umaryland.edu

Office: BRB 1-005D

Please rate the student's performance on a scale of 1 to 5 (1=Excellent, 5=Poor):

1	2	3	4	5	Research ability and potential
1	2	3	4	5	Written and/or verbal communication skills
1	2	3	4	5	Perseverance and independence
1	2	3	4	5	Laboratory ability
1	2	3	4	5	Originality
1	2	3	4	5	Accuracy

Please provide a 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

Certification & Signature:

I certify that any, and all data generated by the student (digital and hard copy) has been returned to the me. _____

Initials

Mentor: _____ Date: _____