ROTATION EVALUATION FORM (MENTOR completes)

NAME of STUDENT: __________________________
NAME of MENTOR: __________________________
SEMESTER OF ROTATION: _____________________
OVERALL GRADE: Pass or Fail

Please evaluate the student’s performance in your laboratory.

The mentor should comment on the student’s quality of experimental work and understanding of the project, ability to draw conclusions, ability to communicate, ability to interact with others in the lab, ability to manage/use time, quality of record keeping and written work, motivation, perseverance, maturity and the student’s outlook for completing a PhD as well as any other issues relating to the rotation.

Advisor Signature: _________________________________________

Rotation Start/End dates: ___________________________

Continue on additional pages if necessary