

# 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, Chelsea Rosenberger, in BRB Suite 1-005A. *You will not receive credit for the rotations without this form!*

<b>Student name:</b>	<b>Mentor name and title:</b>
<b>Rotation dates:</b>	<b>Mentor department:</b>

**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: \_\_\_\_\_