UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

GRADUATE PROGRAM IN LIFE SCIENCES

Program in Neuroscience
Laboratory Rotation Evaluation Form - Student

Please complete this form and forward it to the Program Coordinator as soon as the rotation is over. You will not receive credits for the rotation without this form. The information on this form will be reviewed by Program leadership, but will otherwise remain confidential.

Student's name: _____ Lab-Head's name: _____

Mentor's name and position (if different than above): _____ Rotation dates: _____

Please provide a hypothesis for your project:

_____

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Please provide a summary of the overarching research that encompasses your project:

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The goals of this rotation are:

_____

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Signatures:

Student: _____Date: _____

Chair, Advisory Committee: _____ Date: _____

Mentor: _____ Date: _____