

Graduate Programs in Molecular Biosciences

ROTATION EVALUATION FORM

This form is to be filled out by lab rotation advisors after the rotation student has completed a rotation. This information is crucial in helping the Rotation Advisory Committee track student academic and laboratory performance.

Rotation Advisors, please complete this form and put in campus mail to:

Perry Dominguez (UMDNJ-GSBS, Room V01, Piscataway Campus.

If you have any questions contact Monica Roth, Chair, Rotation Advisory Committee (Rm. 636 of RWJMS (235-5048) or roth@umdnj.edu.

Rotation Advisor Name: _____

Student Name: _____

Lab Rotation # _____

Ratings (1 to 5 with 5 being best)

| | |
|--|-------|
| Responsible, shows up to lab | _____ |
| Works hard when in lab | _____ |
| Understands what he/she is doing and can summarize | _____ |
| Can execute experiments with minimal guidance | _____ |

Strengths of this student in the lab:

Please discuss what this student should work on to be successful in the PhD program:

Would you take this student into your lab?

_____ yes _____ no _____ undecided

Rotation Advisor Signature