Master in Biomedical Sciences Rotation Evaluation form

This form is to be filled out by the faculty rotation advisor after the rotation is completed. It is not necessary to show it to the student. The student's Graduate Coordinator will meet discuss the evaluation with the student if needed.

Student					
Name:	Email:				
Mentor	Pro	Program (circle one)			
Name:	Bio	Biocher		M&I	Neuroscience
	Pat	Patholo		Pharm	Regen Med
Please rate the student on the following			(circle one)		
Responsible. Shows up to lab when expected. Emails or calls when unable to arrive as expected.		l.	Satisfactory		Unsatisfactory
Works hard when in lab. Keeps clear and complete lab notes.		te	Satisfactory		Unsatisfactory
Understands what he/she is doing, can summarize the purpose and results of experiments		е	Satisfactory		Unsatisfactory
Exhibits <i>potential</i> to perform experiments independently			Satisfactory		Unsatisfactory
Shows curiosity, communicates effectively with mentor and colleagues, attentive in lab meetings			Satisfactory		Unsatisfactory
Would you take this student into your lab?			Yes	No	Undecided
If not, please explain.					
Mentor signature					
Grad Coord					
signature					

Please turn in to Laura Kasman by email (kasmanL@musc.edu) or campus mail (MSC 504) or in person (BSB 208F).