Neuroscience Program Form 1b
Neuroscience Rotation Evaluation
To be completed by Faculty Sponsor
In addition to completing this form, please sign attach the 1 page Abstract written by the student

Student:

Date:

Rotation Type (1/2 S / S):

Faculty Sponsor:

Rotation Title:

Objective of Rotation (a brief summary of what you expected to teach the student):

Familiarity with assigned readings:

Comprehension of experimental design:

Execution of experimental work and time management:

Quality of record-keeping:

Analytical skills (data interpretation):

Independence:

Quality of lab/seminar presentations:

Notable strengths and/or weaknesses:

Language concerns:

Recommended Grade:

Other Comments:

The content of this evaluation has been review together by the faculty mentor and the student and by signing below both agree with the content of the evaluation.

Faculty mentor signature: ___________________ Student signature: ___________________

I have met with this student and have reviewed the evaluation with them.

Student advisor: ____________________________

This signed form must be returned to the Neuroscience Program Office within 5 days after the last class of the semester or the student will not receive semester credit for NEUCS 6900.

Rotation Abstract to be written by the student.