

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 from 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.