

# Neuroscience Program Form 1b

## Neuroscience Rotation Evaluation

To be completed by Faculty Sponsor  
Submission of Students Abstracts are no longer required.

Student:

Date:

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:

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**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 NEUSC 6900.*