

PABIO 500 Student Rotation Evaluation

Student Name: _____ Faculty Rotation Evaluator: _____ Qtr/Yr: _____
Grade (Indicate X for one): _____ CREDIT _____ NO CREDIT

Please briefly describe the student's rotation project:

Please describe the student's progress and strengths demonstrated during this rotation:

Please provide specific suggestions for improvement for the student:

Please rate the student's performance during this rotation using the following scale:
5 = Outstanding; 4 = Exceeds Expectations; 3 = Satisfactory ;2 = Needs Improvement; 1 = Unsatisfactory

	Attendance	Intellectual contribution to project	Lab presentation	Written report	Experimental progress	Overall performance
Score						

Would you like to discuss the rotation with the student's First-Year Advisor?

___ Yes ___ No

Would you accept the student for dissertation work?

___ Yes ___ No ___ Maybe (Please provide comments in box below):

(Faculty's signature) Date (Student's Signature) Date

(**Note:** The Pathobiology Program Manager will supply a copy of this completed form to the Pathobiology Program Director and the rotation student's First-Year Advisor.) - Form Updated: April, 2024