

LABORATORY ROTATION EVALUATION FORM

STUDENT'S NAME: _____

FACULTY ROTATION ADVISOR: _____

ACADEMIC YEAR: _____

PHD PROGRAM: _____

ROTATION NUMBER: _____

IT IS REQUIRED THAT THE ROTATION ADVISOR DISCUSS THIS COMPLETED EVALUATION WITH THE ROTATION STUDENT.

	SIGNIFICANTLY BELOW EXPECTATIONS	SOMEWHAT BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
TIME AND EFFORT <small>COMMENTS:</small>				
INTEREST IN PROJECT <small>COMMENTS:</small>				
SKILL IN LABORATORY OR COMPUTER PRACTICE <small>COMMENTS:</small>				
COMPREHENSION OF PROBLEM, CONCEPTS & CONTEXT <small>COMMENTS:</small>				
ABILITY TO WORK INDEPENDENTLY <small>COMMENTS:</small>				
ABILITY TO THINK INDEPENDENTLY <small>COMMENTS:</small>				
QUALITY OF ORAL PRESENTATION <small>COMMENTS:</small>				

OVERALL EVALUATION	SATISFACTORY	UNSATISFACTORY
OVERALL COMMENTS:		

WOULD YOU HAVE RESERVATIONS ABOUT SUPERVISING THIS STUDENT'S DISSERTATION? (IF "YES", EXPLAIN BELOW)	No	Yes

SIGN BELOW TO CONFIRM THAT THE ROTATION STUDENT AND ROTATION ADVISOR HAVE DISCUSSED THIS EVALUATION.

ROTATION STUDENT'S SIGNATURE

ROTATION ADVISOR'S SIGNATURE

DATE OF SIGNATURE

DATE OF SIGNATURE

PLEASE RETURN THIS SIGNED FORM TO BRETT WEINSTEIN, BWEINSTEIN@JHU.EDU.