

JENKINS ROTATION EVALUATION FORM

STUDENT'S NAME: _____ FACULTY ROTATION ADVISOR: _____

ACADEMIC YEAR: _____ PHD PROGRAM: **Jenkins Program** ROTATION SESSION: _____

ROTATION ADVISORS: Please discuss this form with your Rotating Student before submitting to the Program Director

Brief Description of Student's Rotation Project:

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

	SIGNIFICANTLY BELOW EXPECTATIONS	SOMEWHAT BELOW EXPECTATIONS	MET EXPECTATIONS	EXCEEDED EXPECTATIONS
ABILITY TO THINK INDEPENDENTLY				
<i>COMMENTS:</i>				

QUALITY OF ORAL PRESENTATION				
<i>COMMENTS:</i>				

OVERALL EVALUATION	SATISFACTORY	UNSATISFACTORY
<i>OVERALL COMMENTS:</i>		

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 GREG BOWMAN, GDBOWMAN@JHU.EDU.