Student Name: ________________________________________________

Rotation Mentor: ________________________________________________

Rotation: (check one)

____ 1st rotation (9/25-11/17)  _____ 2nd rotation (1/5-3/2)  _____ 3rd rotation (3/5-4/27)

Describe the student’s performance during this research rotation.

Faculty Signature: _____________________________ Date _____________

Student to complete:
Provide an assessment of the experience gained during this rotation.

Student Signature: _____________________________ Date _____________