



## PH.D STUDENT LAB ROTATION EVALUATION FORM

Student: \_\_\_\_\_ Student ID:A \_\_\_\_\_ Track: \_\_\_\_\_

Lab Mentor: \_\_\_\_\_ Department: \_\_\_\_\_

Laboratory Start date: \_\_\_\_\_

Check One:  593A, B or C (normal grade) : \_\_\_\_\_  5930Q Satisfactory  Unsatisfactory

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Please comment on the following topics regarding the rotation student:

Ability to work independently :

Professionalism/Work ethic :

Scientific knowledge :

Technical abilities:

Other Comments:

### Signatures:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Lab Mentor: \_\_\_\_\_

Date: \_\_\_\_\_

Class Advisor : \_\_\_\_\_

Date: \_\_\_\_\_

Track/Program Director: \_\_\_\_\_

Date: \_\_\_\_\_