

DEPARTMENT of IMMUNOBIOLOGY

Research Rotation Evaluation

Student's Name: _____

Laboratory PI: _____

Rotation (circle one): (1) Fall (2) Spring (3) Summer

This evaluation is to be completed by the laboratory PI, reviewed with the student and signed by both. Once completed, submit to the Department's Graduate Assistant (signature will indicate receipt).

1. Student's aptitude for research

Excellent Very Good Satisfactory Poor Unacceptable

Additional Comments: _____

2. Student's attitude, initiative, and motivation towards research

Excellent Very Good Satisfactory Poor Unacceptable

Additional Comments: _____

3. Ability to find, read, and apply pertinent literature

Excellent Very Good Satisfactory Poor Unacceptable

Additional Comments: _____

4. Development and application of scientific method and laboratory skills since beginning of rotation

Excellent Very Good Satisfactory Poor Unacceptable

Additional Comments: _____
