## DIVISION OF MEDICAL SCIENCES - IMMUNOLOGY

## **ROTATION EVALUATION**

(TO BE COMPLETED BY LAB ADVISOR)

## If the information entered is not legible, this sheet will be returned to you. Type or print legibly.

Student:		DMS Program Affiliation: <u>Immunology</u>		
HMS Department Affil	iation of Lab:_			
Head of Lab:		Lab Supervisor (if different):		
Rotation Start Date:	/ /	End Date:	/ /	
	Excellent	Above Average	Average	Poor
Technical skills				
Lab attendance				
Communication skills				
Knowledge of subject				
Please check one. Fina	l Grade:	© Satisfactory ®	Unsatisfactory	
Would you consider offering	this student a pla	ce in your lab for his/her disse	rtation work? If no, pleas	e state why.
Lab Head Signature	Date	Rotation Sup	ervisor (if different)	Date
PLEASE RETURN TO:		OGY JEFEREY MODELL CENTE		

Grades and credit for rotations will not be assigned unless this form is submitted to the Program Administrator.

Copies of this form may be obtained from the Program Administrator.

FORM UPDATED 05/2/2008