

**Neuroscience Graduate Program
ROTATION EVALUATION**
(Must be filled by the mentor and discussed with the student)

Student Name: _____ Mentor: _____

GRADE (Satisfactory/Unsatisfactory): _____

How many hours/week did the student spend in the lab: _____

Brief summary of the project the student was involved in: *(Clearly state what were the goals the student had to achieve in this project)*: _____

Impressions of the student's overall performance (Reliability and conscientiousness, Ability to collect and analyze scientific data, Record keeping, Accuracy, Technical skills, comprehension, communication skills, self-reliance and independence, intellectual curiosity - *Emphasize the strengths and weaknesses of the student*): _____

Achievements (Did the student succeed to achieve the goals set up at the beginning of the rotation? If not, why?): _____

Student signature: _____

Mentor: _____
Name Signature Date

Please return this form **no later than one week after ending the rotation** to:

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