

**SCHOOL OF MOLECULAR BIOSCIENCES  
GRADUATE STUDENT LABORATORY ROTATION REVIEW**

The student is responsible for completing Sections A and B, and then giving the form to his/her rotation advisor for completion of Section C. The student should ensure that both signatures are at the bottom of the form. The student is responsible for returning this form to Graduate Academic Coordinator in BLS 102 (Zip 7520) within 10 days of the completion of the lab rotation.

A. Student: \_\_\_\_\_

Rotation Advisor: \_\_\_\_\_

First Rotation

Second Rotation

Third Rotation

Fourth Rotation

**B. To be completed by Student.** Please describe your laboratory rotation experience and then share this with your advisor before s/he fills out section C. You may comment on items such as your attendance at laboratory meetings, reading the literature, learning new techniques and how many hours per week usually spent in the lab as well as any results obtained and their significance. Feel free to use more space if you wish.

**C. To be completed by the Lab Rotation Advisor.** Please provide a short evaluation of the student named on the previous page, who has completed his/her rotation in your lab. Please comment on the student's research potential, responsibility, initiative to learn about the project, and an evaluation of research presentation, if applicable. Also, comment on the number of hours spent in the laboratory per week.

Satisfactory

Satisfactory with Deficiencies

Unsatisfactory

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Name of Student

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Name of Advisor

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Student's Signature

Date

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Advisor's Signature

Date