MMI LABORATORY ROTATION REPORT

Student Name: _____________________________________

Rotation Supervisor: _______________________________

Term/Year: _______________________

BACKGROUND (Student to complete):

Title and Specific Aims of Rotation Project:

Brief Description:

Learning Goals:

WRITTEN EVALUATION (Rotation Supervisor to complete):

Understanding of the Project: ________________________

Technical Ability: ____________________________

Ability to Think Independently: ____________________

Level of Commitment in Time and Effort: _____________

Grade(Pass/Fail): _________________________________

Score
1(high) to 5

Additional Supervisor comments may be provided on a separate sheet or by e-mail.

Signatures: Student: _______________________________

Rotation Supervisor: ______________________________