GRADUATE PROGRAM IN MEDICAL PHARMACOLOGY

RESEARCH LABORATORY ROTATION EVALUATION FORM

To be completed by Student:

Date:

Student's Name:

Laboratory Director:

Title of Written Report:

COPY OF WRITTEN REPORT MUST BE INCLUDED WITH THIS REPORT

To be completed by Laboratory Director:

PERFORMANCE CRITERIA

Initial familiarity with project:

Library and literature skills:

Use of scientific method and pharmacologic principles:

Attitude toward project:

Written report: ☐ Superior ☐ Satisfactory ☐ Unsatisfactory

Oral report: ☐ Superior ☐ Satisfactory ☐ Unsatisfactory

GRADE: ☐ A ☐ B ☐ C

OTHER COMMENTS/RECOMMENDATIONS:

_____ _____

Student's Signature Faculty/Laboratory Director's Signature