



RUTGERS
UNIVERSITY



**GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES**

at Robert Wood Johnson Medical School

**Graduate Programs in Molecular Biosciences
ROTATION EVALUATION FORM**

***Note: This form will not be shown to rotation students**

This form is to be filled out by lab rotation advisors after the rotation student has completed a rotation. This information is crucial in helping the Rotation Advisory Committee track student academic and laboratory performance. Rotation Advisors please complete this form and put in campus mail to: **Perry Dominguez, GSBS-RWJMS, Room R102, Piscataway Campus.** If you have any questions contact Monica Roth, Chair, Rotation Advisory Committee (Rm. 636 of RWJMS (732-235-5048) or roth@umdnj.edu).

Rotation Advisor Name: _____

Student Name: _____

Lab Rotation # _____

Ratings (1 to 5 with 5 being best)

Responsible, shows up to lab	_____
Works hard when in lab	_____
Understands what he/she is doing and can summarize	_____
Can execute experiments with minimal guidance	_____

Strengths of this student in the lab:

Please discuss what this student should work on to be successful in the PhD program:

Would you take this student into your lab?

_____ yes _____ no _____ undecided

_____ Date _____

Rotation Advisor Signature