

# TPCB Rotation Evaluation Form for Students



TPCB students are required to complete an evaluation of each of their laboratory rotations. Please submit this completed form to Margie Mendoza at [mah2036@med.cornell.edu](mailto:mah2036@med.cornell.edu) within one week of the completion of the rotation period. Thank you!

Student: \_\_\_\_\_ Rotation Start: \_\_\_\_\_ End: \_\_\_\_\_

Faculty: \_\_\_\_\_ Institution: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please rate the student on the following criteria:	Yes	Somewhat	No	Comments
Were you well-received in the lab?				
Did you feel involved in the research?				
Did you gain laboratory skills?				
Did you gain knowledge in the research topic?				
Was your ability to apply knowledge and reason increased?				
Were you given the opportunity for independent work?				
Did your interest level in the research topic increase?				
Did your interest in a career in biomedical research increase?				
Was your overall experience positive?				
Would you consider this advisor as a potential mentor?				

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Rotation project title:

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Brief description of rotation project:

Comments or suggestions regarding the rotation experience:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_