



Evaluation Form
LABORATORY ROTATION

NEURO 301 NEURO 302

Name of Graduate Student:
Date: Start of Rotation: .../.../....	Date: End of Rotation: .../.../....
Name of Laboratory	
Title of project:	
SUMMARY: Research performed / methods/data obtained	
EVALUATION: How was the student evaluated (oral presentation at the end, written report, etc)?	
GRADES: A. PRESENCE:/10 B. THEORETICAL KNOWLEDGE:/10 C. TECHNICAL KNOWLEDGE :/10	
Total Grade:/10	
Supervisor of Rotation:	
(Name)	(Signature) (Date)