



Rotation Evaluation Form – Faculty Response

**If your comments do not fit in the spaces provided you can attach a letter with the form*

Student Name: _____

Rotation Dates: _____

Rotation Advisor: _____

Advisor's Email: _____

Advisor's Department: _____

Advisor's Phone: _____

Description of Rotation Project:

Evaluation of Students Performance

General Knowledge:

Independence:

Work Accomplished:

Time Commitment:

Perseverance:

Interactions with Lab Group:

Grade for Rotation:

Comments/Recommendations for Student Improvement:

Would you consider being the student's dissertation advisor?

Advisor's Signature: _____

Date: _____