

Wayne State University
School of Medicine

Scott Hall, 540 E. Canfield, Detroit, MI 48201

Biochemistry and Molecular Biology Graduate Program

Rotation Grade: _____

LAB ROTATION EVALUATION FORM

This form is to be filled out by the lab rotation advisor after the rotation student has completed a rotation. The lab rotation is noted on the transcript as BMB7020 – Independent study and graded as a course unit. Lab rotation grades are as follows:

- A (including A+ or A-) = Excellent, Supervisor willing to accept student in lab.
- B (including B+ or B-) = Good, Student worked hard, has potential, but concerns
- C (including C+ or C-) = Poor, Supervisor has serious concerns regarding student's ability.

Please return this form to April Wolak (awolak@wayne.edu) no later than one week after the rotation student has completed a rotation.

Rotation Advisor Name: _____

Date: _____

Student Name: _____

Rotation Duration: Start Date: _____ End Date: _____

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

Rotation Advisor Signature

Date