



The Weill Graduate School of Medical Sciences (WGSMS)
 The Program in Physiology, Biophysics and Systems Biology (PBSB)
 1300 York Avenue
 New York, NY 10065
<http://pbsb.med.cornell.edu/>

Laboratory Rotation Evaluation
 To be completed by Rotation Preceptor

PLEASE TYPE OR PRINT

STUDENT'S NAME: _____ DATE: _____

ROTATION NUMBER: **1** **2** **3** Start Date: _____ End Date: _____

Rotation Preceptor: _____

Technical skills:	Poor	Acceptable	Good	Excellent
Laboratory attendance:	Poor	Acceptable	Good	Excellent
Communication skills:	Poor	Acceptable	Good	Excellent
Understanding of project:	Poor	Acceptable	Good	Excellent

Comments on skills learned and progress made during the rotation and any serious deficiencies:

Rotation Grade **Pass** **Fail**

Signature of Rotation Preceptor

Date

Please submit completed form via email to PBSB Program Coordinator, Audrey Rivera,
 E-mail: ajr2004@med.cornell.edu