

Berkeley-UCSF Bioengineering PhD Program

Research Rotation Evaluation

Student Name: _____

Rotation Mentor: _____

Rotation:
(check one)

_____ 1st rotation
(9/25-11/17)

_____ 2nd rotation
(1/5-3/2)

_____ 3rd rotation
(3/5-4/27)

Describe the student's performance during this research rotation.

Faculty Signature: _____ Date _____

Student to complete:

Provide an assessment of the experience gained during this rotation.

Student Signature: _____ Date _____

Return to Bioengineering Administration UCSF Byers Hall BH 216 or Berkeley 306D Stanley Hall

For Office Use Only:

Head Advisor's initials _____

Date entered in database _____