Student Name: ____________________________________________

Rotation Mentor: __________________________________________

Please submit to your home campus administrator after the end of the rotation: (check one)

___ 1st rotation (09/20-11/12)  ___ 2nd rotation (01/4-02/25)  ___ 3rd rotation (03/07-04/29)

Rotation Mentor: Describe the student’s performance during this research rotation.

Student: Provide an assessment of the experience gained during this rotation.

Approval Signatures:

Rotation Mentor ___________________________ Date: ______________

Student ___________________________ Date: ______________