

**The University of Mississippi Medical Center MD/PhD Program  
Student Laboratory Rotation Evaluation Form**

**Student Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Rotation Mentor:** \_\_\_\_\_

Please select the appropriate rotation related to this evaluation:

- Pre-M1 Summer Research Rotation
- M1-M2 Summer Research Rotation
- M3-G1 Summer Research Rotation

**Dates of Rotation:** \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**Please rate your rotation experience using the following criteria:**

1 – Excellent; 2 – Good; 3 – Fair; 4 – Poor

\_\_\_\_\_ The scientific rationale for the rotation project was explained in detail.

\_\_\_\_\_ The rotation provided exposure to the scientific literature and knowledge in the field.

\_\_\_\_\_ The rotation provided exposure to a broad array of technical assays and approaches.

\_\_\_\_\_ The overall quality of learning associated with the rotation.

Comments:

\_\_\_\_\_  
**Student's Signature** (please sign and print your name)

\_\_\_\_\_  
Date