

**MASTERS IN BIOMEDICAL SCIENCES
LABORATORY RESEARCH EVALUATION**

THIS FORM MUST BE RETURNED TO THE GRADUATE SCHOOL OFFICE

Box 1257

Student Name: _____

Research Preceptor: _____

PLEASE EVALUATE THE STUDENT'S PERFORMANCE IN THE LABORATORY AS IT APPLIES TO YOUR EXPERIENCE. PLEASE USE THE FOLLOWING SCALE FOR THE RATING. PLEASE FEEL FREE TO ADD ANY COMMENTS.

Excellent = 1 Good = 2 Satisfactory = 3 Fair = 4 Poor = 5 Cannot Evaluate = CE (Please explain below)

IF THE STUDENT WAS UNABLE TO SPEND SUFFICIENT TIME IN THE LABORATORY BECAUSE OF THE BURDENS OF COURSEWORK, PLEASE CHECK HERE: [] **MINIMAL PARTICIPATION.**

IF THIS OPTION IS CHECKED, PLEASE CIRCLE THE NO GRADE/NO CREDIT SELECTION BELOW

Performance

Effort in the laboratory _____

Current level of laboratory skills _____

Ability to learn new skills _____

Initiative to access relevant literature _____

Ability to independently carry out tasks _____

Quality of written laboratory report _____

Participation/preparedness for laboratory meetings _____

Ability

Problem solving _____

Data interpretation _____

Interaction with laboratory colleagues _____

Capacity for independent research _____

Overall grade Please circle ONE

A A- B+ B B- C+ C No Grade/No Credit

Comments Please use additional paper as necessary

Thesis Advisor Signature

Date

Student Signature

Date

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