

Graduate Group in Pharmacology & Toxicology

Lab Rotation Report

Copy as needed for number of rotations.

(Please return completed form to Judy Erwin in the Dept. of Environmental Tox.)

Name _____

Supervising Faculty Member _____

Quarter _____ Number of Research Units (299) _____

Title or Summary of Laboratory Project(s)

Faculty Evaluation of Student's Lab Rotation

Participation in Laboratory (attendance, interaction with laboratory personnel)

Technical Skills

Scientific Skills

Overall Evaluation: ____ Unsatisfactory ____ Satisfactory ____ Excellent

Comments: