



Lab Rotation Report

Copy as needed for number of rotations
Please return to the Graduate Program Coordinator:

Pharmacology and Toxicology Graduate Group
Environmental Toxicology, University of California, Davis
4139 Meyer Hall, One Shields Avenue, Davis, CA 95616
Phone: (530) 752-4516 | Fax: (530) 752-3394

Student Name: _____

Supervising Faculty Member: _____

Quarter: _____, Rotation #: _____; Number of Units (299): _____

Title or Summary of Laboratory Project/s:

Faculty Evaluation of Student's Lab Rotation

Will you accept this student into your lab? Yes No Maybe

If "Yes", how do you expect to pay for this student's stipend and tuition?

- Grant funding
- I expect the student to do a TAship
- Other. Please explain: _____

If no, why not?

- I do not currently have grant funding for this student.
- I do not have room for another student in the lab.
- I found the student to be unsatisfactory. Please explain: _____
- Other. Please explain: _____

If "Maybe", under what conditions would you take this student in?

Overall Evaluation: Poor, Unsatisfactory, Satisfactory, Excellent, Outstanding.

Additional Comments: _____