



Lab Rotation Report

Copy as needed for number of rotations
Please return to the staff graduate 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:

Student Evaluation of Lab Rotation

The goal of the rotation was _____.

Overall assessment of the lab

- I have selected this lab as my home lab.
- Potential home lab but want to look at other labs before deciding.
- Not sure
- No thanks. Optional explanation: _____.

If you have selected this lab as your home lab, or you are considering it seriously, did you talk to the supervising faculty member about how you would be funded?

- Yes
- No, I am fine with whatever the supervising faculty decides.
- I want to, but have not yet done so because _____.

Did you talk to the supervising faculty member about what your project would be?

- Yes
- No, I am fine with whatever the supervising faculty decides.
- I want to, but have not yet done so because _____.

Did you talk to the supervising faculty member about expectations in the lab?

- Yes
- No, I am fine with whatever the supervising faculty decides.
- I want to, but have not yet done so because _____.

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

Additional Comments: _____