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 _____.

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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: _____