

## Neuroscience Graduate Program Rotation Summary

To be completed after rotation.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Lab Rotation # \_\_\_\_\_ Dates: \_\_\_\_\_ through \_\_\_\_\_

Research Project:

---

---

---

---

Student's Summary of Research Project and Lab Experience:

*(Attach additional pages if needed)*

---

---

---

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Faculty Evaluation of Student's Rotation Performance:

Technical Competency:

---

---

Productivity:

---

---

Motivation to learn:

---

---

Faculty Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_