



TSGP Rotation Evaluation Form

Student name:

Faculty name:

Rotation period:

Please honestly evaluate the student's performance in the following areas by checking the appropriate ratings and adding comments where appropriate. It is suggested that you fill out the form before meeting with the student to discuss it. If longer comments are needed, please attach an additional page, and mention the attachment in the "Other Comments" section at the end of this form.

Understanding of project: Excellent Good Weak Unacceptable

Comments:

Commitment/work ethic: Excellent Good Weak Unacceptable

Comments:

Productivity/quality of work: Excellent Good Weak Unacceptable

Comments:

Technical Ability: Excellent Good Weak Unacceptable

Comments:

Record Keeping: Excellent Good Weak Unacceptable

Comments:

Presentations: Excellent Good Weak Unacceptable

Comments:

Other Comments/Issues? Excellent Good Weak Unacceptable

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Rotation Grade: A B C NC

Sponsor: Are you willing to serve as the PhD thesis advisor for this student and commit to the required financial support?

Yes	No	Yes, in principle, since I am very happy with the student, but it will depend on other circumstances (e.g., pending grant application(s) and/or the departure date of someone else in the lab). Please communicate with the Program Director about this issue.
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Student Signature Date Rotation Advisor Signature Date

Advisor: Please mail the original signed form to Ruth Mattson at BMC-GG 493, or a scan of the signed form to Ruth_Mattson@brown.edu, Diana_Horrigan@brown.edu and Sean_Lawler@brown.edu. Please issue a copy to the student and keep a copy for your records. Thank you.