

**GRADUATE PROGRAM IN PHARMACEUTICAL SCIENCES AND PHARMACOGENOMICS  
LABORATORY ROTATION EVALUATION**

Please return to Debbie Acoba-Idlebi, Box 0775, Byers Hall, Room 216A; Fax: 6-6022

DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_ EVALUATION DISCUSSED? \_\_\_\_\_

QUARTER: \_\_\_\_\_

LABORATORY: \_\_\_\_\_

ROTATION PROJECT:

LAB GROUP PRESENTATION:

DATE:

LETTER GRADE ASSIGNED:

ADVISOR COMMENTS:

AREAS TO STRENGTHEN:

MENTOR SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_