

Biomedical Engineering (BME) Lab Rotation Evaluation Form

Student Name: _____

Rotation Mentor Name: _____

Rotation Mentor's Department: _____

Rotation period: _____

**Mentor, please evaluate the student in each category as follows:
Excellent (5), Good (4), Average (3), Poor (2), Not Observed (X)**

Spends adequate time in the laboratory _____

Understands research projects and protocols _____

Learn experiments and equipment with adequate controls _____

Capacity for self-expression and communication _____

Ability to get along with co-workers _____

Comments:

Student signature: _____ Date: _____

Rotation Mentor signature: _____ Date: _____

Please email completed forms to Dr. Ho-Wook Jun, hwjun@uab.edu