
**VIROLOGY PROGRAM
DIVISION OF MEDICAL SCIENCES
STUDENT ROTATION EVALUATION (OPTIONAL)**

**IF THE INFORMATION ENTERED IS NOT LEGIBLE, THIS SHEET WILL BE RETURNED TO YOU.
TYPE OR PRINT LEGIBLY.**

LABORATORY ROTATION EVALUATION (OPTIONAL): THIS FORM IS INTENDED FOR STUDENTS TO EXPRESS THEIR EXPERIENCES OR TECHNIQUES LEARNED IN THEIR LABORATORY ROTATION.

STUDENT NAME: _____

LAB HEAD: _____ LAB SUPERVISOR (IF DIFFERENT): _____

TOPIC OF RESEARCH: _____

PERCENT OF TIME SPENT IN LAB: 25% 50% 100% OTHER _____

TECHNIQUES **REQUIRED** IN LAB ROTATION: _____

TECHNIQUES **ACQUIRED** IN LAB ROTATION: _____

ARE YOU CONSIDERING THIS FOR A DISSERTATION LAB? YES NO

PLEASE USE THIS AREA TO COMMENT ON EXPERIENCES IN LAB:

WHAT DO YOU FEEL YOU'VE ACCOMPLISHED?

STUDENT SIGNATURE: _____ DATE _____

PLEASE RETURN TO:

PROGRAM ADMINISTRATOR, THE COMMITTEE ON VIROLOGY, TMEC.-346, HARVARD MEDICAL SCHOOL

Copies of this form may be obtained from the Program Administrator.

FORM UPDATED 05/27/2005
