

TIGP- Interdisciplinary Neuroscience Program
LABORATORY ROTATION EVALUATION FORM

Student Name: _____

Rotation Campus: AS NYCU NCKU NTU NCU

Rotation Lab: _____ (Advisor Name)

Rotation duration: _____ --- _____ (mm/dd/yy)

Title/Summary of Laboratory Project(s):

Faculty Evaluation of Student's Lab Rotation

Please use this form to evaluate the student's performance in the laboratory.

A. Participation in Laboratory (attendance, interaction with laboratory personnel)

B. Technical Skills

C. Scientific Skills

D. Overall Evaluation:

E. Grade score of the student: _____

【Unsatisfactory (<70); Satisfactory (70~80); Good (80~90); Excellent (>90)】

F. Comment(s) and Suggestion(s) :

_____, _____
Signature of rotation P.I. , *date*

NOTE: Please return the completed form to TIGP-INS office (tigpins@gate.sinica.edu.tw), **within three weeks after student has finished the rotation.**

**** Attach additional pages if needed. ****