



**TRI-INSTITUTIONAL TRAINING PROGRAM IN
COMPUTATIONAL BIOLOGY & MEDICINE**

FACULTY EVALUATION OF STUDENT PERFORMANCE

CBM faculties are requested to submit a written report of the CBM students' performance during their lab rotations. These forms are submitted to the Tri-Institutional Training Programs Office. Please complete by the date requested. Thank you.

Student's Name _____ Year of Entry in Program _____

Faculty Rotation Advisor _____ Institution (WCMC, SKI, Ithaca) _____

Rotation Start Date _____ Rotation End Date _____

Please rate students on the following criteria:	Poor	Acceptable	Good	Excellent
Laboratory skills				
Knowledge of rationale for experiments				
Ability to apply knowledge				
Ability to reason				
Ability to function independently				
Responsibility/Maturity				
Motivation				
Creativity				
Relationships with laboratory personnel				
Potential for career in biomedical research				
Overall evaluation				



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Brief description of rotation project

Detailed comments regarding student's performance

Faculty Name _____ Signature _____
(print name in lieu of signature for electronic filing)

Date _____

Please return this form to Margie Hinonangan-Mendoza, CBM Program Coordinator, by email at mah2036@med.cornell.edu or by fax to 212-746-8992. Thank you!

Updated 12/2008