



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

STUDENT EVALUATION OF LAB ROTATION

CBM students are required to complete an evaluation of their lab rotations. These forms are submitted to the Tri-I Training Programs Office and are kept confidential. 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 _____

Laboratory Research Topic (if applicable) _____

Questions	Yes	Somewhat	No	Comments
Were you well received in the lab?				
Did you feel involved in the research?				
Did you gain laboratory skills?				
Did you gain knowledge in the research topic?				
Was your ability to apply knowledge and reason increased?				
Were you given the opportunity for independent work?				
Did your interest level in the research topic increase?				
Did your interest in a career in biomedical research increase?				
Was your overall experience positive?				
Would you consider this advisor as a potential mentor?				



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

STUDENT EVALUATION OF LAB ROTATION

Brief description of rotation project

Additional comments/suggestions

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

Date _____

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

Updated 12/2008