

### Cancer Biology Ph.D. Program

#### Laboratory Rotation Agreement, Evaluation Form, and Grade Assignment

Student's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date:

Faculty Mentor's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date:

By signing above, the mentor agrees to allow the student to rotate through his or her laboratory for a period of 10 weeks. The permission signature must be obtained prior to the beginning of the rotation and a copy of the signed form must be forwarded to the Cancer Biology Office.

*Please return the original form to the Cancer Biology Office at the conclusion of the rotation period.*

Which Rotation? (Circle)                      1<sup>st</sup>                      2<sup>nd</sup>                      3<sup>rd</sup>

---

Brief Description of Rotation Project:

---

**Rating Scale: 10 = Outstanding**

**9 = Above average**

**8**

**7**

**6 = Passable but concerned**

**5 = Concerned**

**4**

**3**

**2**

**1 = Needs significant improvement  
(below expectations for graduate student)**

<b>Category</b>	<b>Score</b>
<b>Initiative</b>	
<b>Work Ethic</b>	
<b>Ability to work independently</b>	
<b>Problem solving capability</b>	
<b>Organizational skills</b>	
<b>Laboratory skills</b>	
<b>Understanding</b>	
<b>Progress</b>	
<b>Overall Performance</b>	

---

Additional Comments: (use the back of this paper if needed)

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_