

Division of Medical Sciences - Virology Program

**Rotation Evaluation**

(to be completed by Lab Advisor)

Student:

HMS Department Affiliation of Lab:

Head of Lab:  Lab Supervisor(if different):

Start Date:  End Date:

Technical Skills:

Communication Skills:

Lab Attendance:

Knowledge of Subject:

**Please check one. Final Grade:**    **Satisfactory**    **Unsatisfactory**

Please comment on the skills learned and the progress made during this rotation and the student's strengths and weaknesses. Have you observed any gaps in knowledge? Recommendations for further training?

Would you consider offering this student a place in your lab for his/her dissertation work? If no, please state why.

Lab Head Signature

Date

Rotation Supervisor (*if different*)

Date

**Please return to: Program Administrator, at [virology@hms.harvard.edu](mailto:virology@hms.harvard.edu).**

Grades and credit for this rotation will not be assigned unless this form is submitted to the Program Administrator.