

Computational Biology & Medicine

CBM Rotation Evaluation Form for Students

CBM students are required to complete an evaluation of each of their lab rotations. Please submit this completed form to Margie Mendoza at mah2036@med.cornell.edu within one week of the completion of the rotation period. Thank you!

Student: _____ **Rotation Start:** _____ **End:** _____

Faculty: _____ **Institution:** _____ **Date Submitted:** _____

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?				

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Rotation project title:

Brief description of rotation project:

Comments or suggestions regarding the rotation experience:

Student Signature: _____ **Date:** _____

Student Name: _____