NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Graduate School of Biomedical Sciences

Research Rotation Preferences Form

Student's name:

_____

Academic Term: □ Fall □ Spring □ Summer 20___

My choices for research rotation advisors (please, include name and departmental affiliation) are:

1. Fall Rotation

_____

2. Spring Rotation

_____

3. Summer Rotation

_____

4. Other preferred Rotation Advisors:

_____

_____

_____

Academic Advisor/IPP Program Director _____Date_____

(2012)

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Graduate School of Biomedical Sciences

List of Rotation Objectives

Student's name:

_____

Academic Term: □ Fall □ Spring □ Summer 20____

Rotation advisor's name and departmental affiliation

_____

List of objectives for the current rotation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Student _____Date_____

Rotation Advisor _____Date_____

(2012)

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Graduate School of Biomedical Sciences

Faculty Evaluation of Student Rotation

Student's name:

_____

Academic Term: □ Fall □ Spring □ Summer 20___

Department:

_____

Faculty member(s) making the evaluation:

_____

First-Year Advisor:

_____

Answer the following questions with either YES or NO.

1. Did the student meet the goals and expectations you set for him/her? □ YES □ NO
2. Were you satisfied with the student's effort during this rotation? □ YES □ NO
3. Should the student be allowed to continue in the Ph.D. program? □ YES □ NO

Answer the following questions with your own brief comments.

1. Any additional details about the student's performance or behavior during this rotation that are relevant to evaluation of the student's progress in the program?

_____

_____

_____

_____

_____

_____

2. What were some of the student's strengths or most positive characteristics?

3. What were some of the student's weaknesses or areas that need some improvement?

4. Do you have any suggestions or recommendations as to how the student might address those areas that need improvement?

5. Any other comments?

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Rotation Modification Request

Student's name:

_____

Program:

_____

Academic Term: □ Fall □ Spring □ Summer 20___

Which modification is requested:

_____

Reason for the request:

_____

_____

_____

_____

_____

Request: □ Approved □ Denied

Academic Advisor_____Date_____

IPP Program Director_____ Date_____

GSBMS Dean _____ Date_____

(2012)