

Graduate Program in Neuroscience Research Rotation Report

Student Name:

Lab Director (PI):

Rotation Term

- Start Date:**
- End Date:**

Evaluation: *[PI check appropriate]*

- Satisfactory
- Unsatisfactory

PI Comments:

Student Comments:

Signatures:

Lab Director (PI)

Student

Please return form to:

John R. Larson, Ph.D. / Director of Graduate Studies
c/o Stephanie Batio / Program Coordinator
CSN 320
Graduate Program in Neuroscience (m/c 526)