



**Physiology Graduate
Training Program**

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Physiology Graduate Training Program

Rotation Evaluation-Student

Please feel free to turn in an electronic copy if you prefer.

(All evaluations will be reviewed by the Program Director)

Name of Student: _____

Rotation Sponsor: _____

Description of Research Project: (Write a brief summary of the project you worked on during your rotation including any techniques you learned.)

Evaluation of Rotation

1. Did you have enough interaction with the Rotation Sponsor?

2. Do you feel that you received enough instruction regarding new techniques and protocols?

3. Was the research project appropriate for a rotation? (length, type)



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4. Did you like the laboratory environment?

5. Did the research style of the Rotation Sponsor match yours?

6. Were you satisfied with this rotation as a learning experience?

Signature of Student: _____

**Who is your next rotation with?