



Stanford University Cancer Biology Program

Laboratory Rotation Evaluation



Graduate Student: _____

Faculty Preceptor: _____

Date of Rotation (quarter and year): _____

The performance of the student was:

Satisfactory _____

Unsatisfactory _____

Comments of the Faculty Preceptor:

Comments of the Student:

Signatures:

Faculty Preceptor

Student

Please turn the completed and signed form in to Grace Kolar, Cancer Biology Program Administrator.