

轉譯醫學學位學程 實習同意書

Student's Name : _____

Student ID No. _____

PI's Name : _____

PI's Institute or Center: _____

Rotating Lab Rm. # : _____

Student's Signature :

PI's Signature :

Date : ____ / ____ / ____ (mm/dd/yy)

※ Please return the completed form to Degree Program Office at FAX: (02)2394-9688 within 1 week after the lab rotation begins.

轉譯醫學學位學程 實習評量表

Student: _____ Class of _____ (Year)
Advisor: _____ Rotation Time: from _____ to _____

Please evaluate the student in each category as follows: Excellent (1), good (2), fair (3), poor (4), not applicable (N/A)

- Spends adequate time in the laboratory to accomplish research goals
- Understands central questions and procedures of the lab
- Works with a reasonable level of proficiency
- Observes safe laboratory practices
- Keeps adequate laboratory records
- Ability to evaluate experimental results
- Receptiveness to suggestions and critical comments
- Capacity for self expression and communication
- Ability to get along with co-workers
- Results of the Study Project

Comments:

(Please use back of this form, if more space is needed.)

If adequate space and funding are available, would you be willing to accept this student into your laboratory? (Yes/No) _____

Recommend final score: _____ (0-100, pass: ≥ 70)

Please sign in the column when you first review this list with the student at the beginning of the rotation	Please sign in the column when the evaluation is complete .
_____ Signature of Student/ Date	_____ Signature of Student/ Date
_____ Signature of Rotation Advisor/ Date	_____ Signature of Rotation Advisor/ Date

Note: Please return the completed form to Degree Program Office at Fax: (02)2394-9688 within two weeks after the student finished the lab rotation.