Department of Physiology Laboratory Rotation Report

TO:

FROM: Arthur J. Weber, PhD

SUBJECT: Lab Rotation Report for:

Please provide a brief summary of the above graduate student's rotation in your lab, and return to Kim Crain (2240C BPS, Crain@msu.edu).

This evaluation must be discussed personally with the rotation student.

Grade ____________

Signature, Rotation Mentor ____________________________  Date ____________

Signature, Student ____________________________  Date ____________