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**Evaluation Laboratory Rotation Experience
University of Pennsylvania
School of Engineering and Applied Science
Department of Bioengineering**

Name of Student: _____

Name of Rotation Advisor: _____

Dates of Rotation: _____

Did your experience in this lab meet your expectations?

Please describe your experience in this lab:

Final Assessment

Would you like to continue working in this laboratory? (your comments here are a non-binding assessment)

YES or NO (circle one)

Comments:

Student's Signature: _____

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