



Georgetown University Medical Center

Master of Science in Biochemistry and Molecular Biology

EVALUATION OF INTERNSHIP STUDENT BY MENTOR OR SUPERVISING SCIENTIST

STUDENT NAME: _____

SEMESTER: _____ YEAR: _____

	Excellent	Very Good	Satisfactory	Poor	N/A
Regular Attendance					
Punctual					
Standard Operating Procedure					
Cleanliness and orderliness					
Follows directions					
Organization and planning					
Record keeping/ organization					
Courtesy					
Initiative					
Accepts criticism					
Learning growth					
Confidence/judgement					

Comments: _____

Recommended Grade (A, A-, B+, B, B- C, F): _____

Mentor Signature: _____

Date: _____

Phone no. _____

NOTE: PLEASE FILL OUT THE FORM AND RETURN TO THE COURSE DIRECTOR IN A SIGNED SEALED ENVELOPE. THANKS!