MOLECULAR GENETICS AND MICROBIOLOGY DEPARTMENT RESEARCH
ROTATION FORM – Part II

Complete and return to Kimberly Kobes located in 201 Jones Building or e-mail to Kimberly.kobes@duke.edu at the completion of the rotation.

Student Name: ________________________________________________________________

Rotation Number:  1  2  3  4  x  Date Rotation Completed: __________

Rotation Mentor: ________________________________________________________________

List one or two specific aims of the project:

Briefly describe the research accomplished during the rotation:

How does this compare with your objectives at the beginning of the rotation?

If substantially different, what were the reasons for the change?

Overall, were you satisfied with this rotation as a learning experience?

☐ Please check here if you do not want this evaluation shown to the rotation mentor.