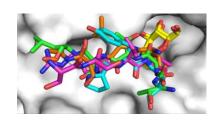
STUDENT ROTATION QUESTIONNAIRE

UW-Madison Graduate Program in Pharmaceutical Sciences



This questionnaire is intended to enhance communication between rotating students and the Graduate Programs Office. While we understand that you have not selected this rotation as a final lab choice, we appreciate your comments. Our intent is to use your feedback to evaluate how the rotation process is working for students and how we can continually improve this process each year.

Please provide us with your honest feedback following each rotation. This is your chance to let us know how things are going and if there are any concerns that you may have at this point in time. Your responses are considered confidential and will remain so.

Student Name:				
Faculty Name:				
Rotation (select one):	Lab Rotation 1	Lab Rotation 2	Lab Rotation 3	
1) Did the rotation give you	a clear sense for what	would be expected of yo	ou as a graduate student in this l	ab?
2) Did you have sufficient int graduate students)?	eraction time with me	mbers of the lab (facult	y, postdocs, scientific staff, other	
3) What did you find valuabl	e about this rotation e	xperience?		
4) Are there any concerns yo	ou have about this rota	tion experience?		
5) Would you consider even	tually joining this lab p	ermanently? Why or wh	y not?	
6) If you had to give yourself during this rotation?	a grade for your rotat	ion performance (A-F), I	now would you rank your perfori	mance

