

高雄醫學大學 學位學程辦公室

承辦人魏欣怡 小姐

Tel: (07)312-1101#2137-18

Fax: (07) 322-2461

轉譯醫學學位學程

實習同意書

Student's Name : _____

Student ID No. _____

PI's Name : _____

PI's Institute or Center: _____

Rotating Lab Rm. # : _____

Rotation Time: from _____ to _____

Student's Signature :

PI's Signature :

Date : _____ / _____ / _____ (mm/dd/yy)

※請各位同學於 Lab Rotation 開始 2 週前，將本表回傳至校方學程辦公室
(Fax: (07) 322-2461)，以利後續行政作業，謝謝您!

※此同意書正本，請各位學生自行留存。

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轉譯醫學學位學程 實習評量表

Student: _____ Class of _____ (Year)
Advisor: _____ Rotation Time: from _____ to _____

Please evaluate the student in each category as follows: Excellent (1), good (2), fair (3), poor (4), not applicable (N/A)

- Spends adequate time in the laboratory to accomplish research goals
- Understands central questions and procedures of the lab
- Works with a reasonable level of proficiency
- Observes safe laboratory practices
- Keeps adequate laboratory records
- Ability to evaluate experimental results
- Receptiveness to suggestions and critical comments
- Capacity for self expression and communication
- Ability to get along with co-workers
- Results of the Study Project

Comments:

(Please use back of this form, if more space is needed.)

If adequate space and funding are available, would you be willing to accept this student into your laboratory? (Yes/No) _____

Recommend final score: _____(0-100, pass: ≥ 70)

Please sign in the column when the evaluation is **complete**.

Signature of Rotation Advisor/ Date

※請各位老師於學生完成 Lab Rotation 2 週內，將本表回傳至校方學程辦公室
(Fax: (07) 322-2461)，以利後續行政作業，非常感謝您!