

HM 691 RESEARCH ELECTIVE EVALUATION FORM MSU-CHM

This form must be completed by the research mentor and returned to the Community Research Director or Director of Student Programs. The Final Research Summary must be attached to this form.

Student Name

Section

Research Project Title

Faculty Mentor Name

Community (Campus)

Clerkship start date

Clerkship end date

Semester and Year

Please choose the best answer for each of the following

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Student demonstrated exemplary effort during the elective					
Student organized time/activities to accomplish goals of the elective					
Student worked well with mentor and other research team members					
Student performed effectively in research-related tasks					
Student demonstrated adherence to research ethics					
Student demonstrated honesty, respect and compassion in all interactions					

Assessment of student's research performance

Student has earned a passing grade for this Research Elective

(**Note:** final passing grade requires submission of all documents and approval of the Research Director)

Yes

No

I would like assistance in finding a medical student to help continue with this research project

Yes

No

I would like assistance in finding a medical student to help with other research projects

Yes

No

Faculty Mentor Signature

Date

Community Research Director Signature

Date