

FEINBERG SCHOOL OF MEDICINE RESEARCH ELECTIVE ASSESSMENT FORM

Instructions: Please complete this form with your project mentor at the end of a research block. The completed and signed form must be submitted to the Registrar (FSM_Records@northwestern.edu) within 4 weeks of completion of the elective.

STUDENT SECTION

Student name: _____

Title of project: _____

of weeks: _____ Block(s): _____ Start/stop dates: _____

Project mentor name (include email): _____

Please comment on what you intended to accomplish in the allotted time and whether it was completed.

PROJECT MENTOR SECTION

Please rate the student's performance on the following areas

Quality of outcome	Does not meet expectations ○	Meets expectations ○	Exceeds expectations ○
Timeliness of outcome	Never submitted work product ○	Work product submitted late ○	Work product submitted on time ○

This student successfully completed the intended work and should receive research elective credit.

This student did NOT successfully complete the intended work and should NOT receive research elective credit.

General comments to be included in the student's MSPE:

Confidential comments, not included in MSPE. Please provide feedback of the student's performance. Be sure to explain any strengths and areas for improvement.

Project mentor signature: _____ Date: _____