



THE UNIVERSITY OF ARIZONA
COLLEGE OF AGRICULTURE & LIFE SCIENCES

Nutritional Sciences & Wellness

School of Nutritional Sciences and Wellness Nutritional Sciences Graduate Program

EVALUATION OF STUDENT PERFORMANCE IN LABORATORY ROTATION

NAME OF STUDENT:

FACULTY DIRECTOR:

EVALUATION:

GRADE (S, P, K, D, E, I and W) _____

Would you be willing to serve as major advisor for this student? Y _____ N _____

FACULTY SIGNATURE

DATE: _____

Please return this form to Nancy Driscoll, nancya@arizona.edu