**Keck School of Medicine of the University of Southern California**

**Student Performance Evaluation for Research Electives**

Student Name       Class Year

Course Name

Institution

Faculty Director

Begin Date       End Date       Number of Weeks

[ ]  I have read and approve of the student’s final product (either a Manuscript Draft, Electronic Poster

Presentation or a minimum Two-Page Research Report containing, but not limited to, the following: Background, Purpose, Goal, Hypothesis, Methods, Results, Summary, and Conclusion).

[ ] Credit [ ] No Credit [ ] Incomplete

**Narrative Evaluation (for inclusion in Medical Student Performance Evaluation)**

**Please write four to five sentences**

**The following information *will not be included* in the Medical Student Performance Evaluation**

How could this student have improved his or her performance? Were there any issues that did not affect the student’s overall evaluation but that would merit attention if present in the future?

Number of Absences: Excused       Unexcused

Lapses of professional behavior:

[ ]  Late assignments [ ]  Tardiness [ ]  Dress code violations [ ]  Other (Please describe below)

Faculty Evaluator Name

Faculty Evaluator Title

Faculty Evaluator Signature       Date

**Please return form within four weeks of end of rotation to:** medstuaf@usc.edu or Fax to 323-442-2663 | Mail: Keck School of Medicine of USC, KAM 100, 1975 Zonal Avenue, Los Angeles, CA 90089-9020 | Please call (323) 442-1751 with any questions about this evaluation.