Faculty Preceptorship Evaluation Form

1.	1. Student Name:	
2.		
3.		
4.		
	В.	Specific Aims
	C.	Name of Preceptor
	D.	Supervisor of Preceptor if applicable
	E.	Average amount of time devoted each week to activity (minimum of 30 hrs of total activity per each hour of credit sought)
	F.	general nature of the activities and the methods including meetings with preceptor
	G.	Description of preceptorship report/paper/outcome
<u>Ta</u>	be complet	ted by faculty member.
1.	Briefly sur	mmarize student's activities:

2. Quality of the activities performed by the student (indicate if acceptable or unacceptable and		
add any comments):		
3. Please list tangible products such as research papers, experiments, or reports:		
Assigned Grade:		

Please attach a copy of the student's prospectus and a copy of any report/articles generated by the student's activity.