LABORATORY ROTATION SUMMARY REPORT

Student Name: ___________________________________________  Rotation Number: _____
Rotation Mentor: __________________________________________

Use the space below to provide a brief description of the following:

1.) Overview of the project including **aims** of the project and **results** of the project.
2.) **Problems** and **solutions** in the project (What problems did you encounter? How did you overcome them?)

Student’s signature: ___________________________________________________________________

Mentor’s signature: _____________________________________________  Suggested Grade: ______

DGS’s signature: ___________________________________________________________________

Return to Emily Morran, Dental School Building, Suite 300A or emily.morran@emory.edu