

STUDENT RESEARCH EVALUATION FORM

Evaluation forms must be completed by the off-campus Research Advisor and sent directly to the Faculty Sponsor in the Biology Department.

SECTION 1 - TO BE COMPLETED BY STUDENT

STUDENT NAME: _____ DATE: _____

1. Location of Research:

Organization/Company: _____

Street Address: _____

City, State, Zip Code _____

Name of research supervisor on-site: _____

Telephone: _____

Email: _____

2. Faculty Sponsor within the Biology Department: _____

Biology Department
Center for Natural Sciences
Ithaca College
Ithaca, NY 14850

SECTION 2 - TO BE COMPLETED BY RESEARCH ADVISOR

1. How many hours a week did the student work? For how many weeks?

2. Did the student show genuine interest in the research objectives?

3. Did the student understand the methods employed?

4. Did the student demonstrate initiative and an ability to work independently?

5. Did the student demonstrate a mastery of the basic analytical skills and techniques involved in the research?

6. Was the student able to write the required research paper without substantial supervision - does the paper reflect their own work?

7. Would you potentially be interested in employing this student after graduation?
8. Would you be interested in having other Ithaca College students work with you in the future?
9. If you have any other additional comments that would be helpful in reviewing the quality of the research experience for the student and yourself, please include them here.

Signature: _____

Date: _____

Please return this form directly to the faculty sponsor listed in Section 1. Thank you very much for providing this student with a research experience and for assisting the Biology Department in evaluating this research.