



Albert Einstein College of Medicine

Office of the Registrar  
1300 Morris Park Avenue, Belfer Building, Rm 210  
Bronx, NY 10461  
Phone: 718.430.2102  
[Einstein-MDregistrar@einsteinmed.edu](mailto:Einstein-MDregistrar@einsteinmed.edu)

## Research Elective Evaluation Form (MD)

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Evaluator(s) Name: \_\_\_\_\_

Please select the description that sums up the performance of this student:

Failure	Pass
____ Student did not meet the expectations of this elective	____ Student met the expectations of this rotation, including submission of a written summary or presentation of work.

**SUMMARY COMMENTS** (suggested for MSPE) Be sure to document performance for all required and evaluated activities, including comments on written summaries or presentations of work completed during the block, achievement of learning goals, professionalism, and attendance.

**CONSTRUCTIVE COMMENTS** (optional – not included in MSPE)

Evaluator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final evaluations must be submitted to the Registrar’s Office no later than 4 weeks after the end of the rotation.**

**RETURN FORM TO:**

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