**Faculty of Medicine & Dentistry**

**MD with Special Training in Research Program/MLS with Honours in Research Program**

**Principal Investigator’s Confidential Evaluation of MD/STIR/MLS HIR Students**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: |  | | |
| Project Title/Subject: |  | | |
|  | | | |
| Weeks spent on Research (excluding paid vacation): | |  |

**Please complete all sections of this form. Your response to the questions below will provide a description/evaluation of the student’s work and assist committee members in their reviews:**

**Strongly**

**Agree Agree Neutral Disagree N/A**

Kept appropriate research hours **** **** **** **** ****

Kept up-to-date on literature **** **** **** **** ****

If research in laboratory setting, **** **** **** **** ****

followed safety rules

Performed duties competently **** **** **** **** ****

Was able to learn new techniques **** **** **** **** ****

Was able to interpret data critically **** **** **** **** ****

Participated in written report of MD-STIR research project **** **** **** **** ****

Made intellectual contribution to research project

(If no opportunity for this, please give reason(s) **** **** **** **** ****

under Comments below)

Behaved with integrity **** **** **** **** ****

Would be welcomed if wanted/able to return **** **** **** **** ****

**Date if Applicable**

Preparation for laboratory work:

Biosafety training program **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

WHMIS training program **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Radiation safety program **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Experience communicating research:

Attendance at Noon Hour Seminar Series **Yes/No**

Oral presentation of 10 min (+ 5) to Group/Dept (mandatory) **Yes/No**

(date/place/audience/length of presentation)

Poster presentation at Students' Research Day (mandatory) **Yes/No**

**Comments:**

|  |
| --- |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Printed Name of Supervisor:** |  | | | |
| **Signature of Supervisor:** | |  | **Date:** |  |

Return this form to: Nicole Kosturic; via email at [nkosturi@ualberta.ca](mailto:nkosturi@ualberta.ca), Office of Research, Faculty of Medicine & Dentistry, University of Alberta, 2-13 HMRC, Edmonton, AB, T6G 2S2

|  |
| --- |
| **Protection of Privacy**: - The personal information requested on this form is collected under the authority of Section 33 (c) of the  **Protection of Privacy**: - The personal information requested on this form is collected under the authority of Section 33 (c) of the  Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of admission into the MD with STIR program. Direct any questions about this collection to: Nicole Kosturic, Program Coordinator, Faculty of Medicine & Dentistry, Office of Research, via email at [nkosturi@ualberta.ca](mailto:nkosturi@ualberta.ca); phone 780.492.8365. |