

**Evaluation/Summary Form for Student Research Elective**  
(Submit this form to your faculty mentor for your elective evaluation and grade)

Save form to desktop first before entering data in the format: Last name, First name – Student Research Elective Worksheet date of elective  
(example: Trinh, Linh – Student Elective Research Worksheet 9.12.2022 – 9.30.2022)

Last Name, First Name, Middle Initial:	Inclusive Elective Dates:
Student ID Number:	Concentration Name:
Course Number: SCHO 3030 – XXX (XXXX)	Faculty Mentor Name:

**Student Objectives for the Three-Week Elective:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Expected Outcome of Elective:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does this elective contribute to the goals of your scholarly concentration?**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Below Section is reserved for Faculty Evaluator to complete\*\***

The student is to be evaluated on achievement of the objectives listed above as well as on his/her attainment of the expected outcome of the elective. Please evaluate the student in each of the following categories. A final grade (pass or fail) must also be reported. The comments section should be used to provide detailed feedback and add special descriptive statements about the student's performance during the elective. These comments will be sent to Student Affairs for inclusion in the MSPE.

The student met the objectives listed above. If no, please explain:

YES \_\_\_ NO \_\_\_ \_\_\_\_\_

The student achieved the expected outcome(s) of the elective. If no, please explain:

YES \_\_\_ NO \_\_\_ \_\_\_\_\_

REMEDIAL WORK NEEDED? YES \_\_\_ NO \_\_\_ If no, please explain:

SPECIFY \_\_\_\_\_  
\_\_\_\_\_

## I. Grading Criteria

The final grade is based on the faculty evaluation of the student's achievement of the objectives for the scholarly concentration elective as well as his/her attainment of the expected outcome of the elective.

## II. Written evaluation/comments **\*\*REQUIRED\*\***

Please provide detailed feedback on the student's performance during the elective including fulfillment of the objectives outlined above and his/her ability to work independently.

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\_\_\_\_\_  
Faculty Evaluator Signature

\_\_\_\_\_  
Date

**Faculty Evaluator, please email completed form to the Medical Student Research Office (MSRO) at [MSRO@uth.tmc.edu](mailto:MSRO@uth.tmc.edu).** A grade will be entered in myUTH upon receipt of the completed form.

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**\*\*Below section is reserved for MSRO/OEP staff to complete\*\***

## III. Final Grade \_\_\_\_\_

(Pass/Fail Only)

\_\_\_\_\_  
Course Director Signature

\_\_\_\_\_  
Date