# 實習同意書

## Training Agreement

### Student’s Name:

**Student ID No.**

**PI’s Name:**

**PI’s Institute or Center:**

**Rotating Lab Rm. # :**

**Rotation Time: from to**

**Student’s Signature:**

**PI’s Signature:**

**Date: / / (mm/dd/yy)**

※ 請各位同學於**Lab Rotation**開始**2**週前，將本表回傳給學程秘書，以利後續行政作業，謝謝您**!**

※ 此同意書正本，請各位學生自行留存。

# 實習評量表

## Quality Commitment

Student: Advisor:

Class of （Year）

Rotation Time: from to

Please evaluate the student in each category as follows:Excellent (1), good (2), fair (3), poor (4), not applicable (N/A)

（ ）Spends adequate time in the laboratory to accomplish research goals

（ ）Understands central questions and procedures of the lab

（ ）Works with a reasonable level of proficiency

（ ）Observes safe laboratory practices

（ ）Keeps adequate laboratory records

（ ）Ability to evaluate experimental results

（ ）Receptiveness to suggestions and critical comments

（ ）Capacity for self expression and communication

（ ）Ability to get along with co-workers

（ ）Results of the Study Project

**Comments:**

(Please use back of this form, if more space is needed.)

If adequate space and funding are available, would you be willing to accept this student into your laboratory? (Yes/No)

Recommend final score: (0-100, pass: ≥70)

Please sign in the column when the evaluation is **complete**.

Signature of Rotation Advisor/ Date

※ 請各位老師於學生完成Lab Rotation 2週內，將本表E-Mail回傳至校方學程辦公室，以利後續行政作業，非常感謝您!