University of Pittsburgh · Carnegie Mellon University Medical Scientist Training Program MSTP 5990: MSTP Longitudinal Clinical Clerkship—Evaluation Form

Please complete this form and email it to Kathy Hansell-Prigg (<u>kathyprigg@pitt.edu</u>) and Marcus Miller (<u>millerm25@upmc.edu</u>).

Student's Name			Current Grad. School Year		LCC 1	
					LCC 2	
Clinic						
Rotation Dates	Start Date		End Da	te		
Suggested Grade	(choose from: H	lonors, High Satisfactory	, Satisfactor	, Low Satisfacto	ory, Unsati	isfactory)
		Mentor's				
Mentor's Name		Signature			Date	

Comments (should include an evaluation of clinical knowledge and professionalism):

Corrine Kliment, MD, PhD	Signature	Date	
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