



Oncology Elective Rotation Evaluation

Department(s): _____ Mentor _____ Start Date: _____ End Date: _____
_____ Mentor _____ Start Date: _____ End Date: _____
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What were your learning objectives?

Did you meet with the faculty attending for additional instruction?

List problems or hindrances you experienced that prevented you from having a successful rotation?

List diseases or conditions you did NOT encounter that you had expected?

What did you like BEST about your rotation at MDACC?

What did you like LEAST about your rotation at MDACC?

Your overall evaluation of this elective rotation is best described by the grade of:

Sub-Standard

Fair

Good

Very Good

Excellent

Additional Comments:

Print Name

Signature

Date: