

*This form **must** accompany the student's final report*

Mentor Form B - Final Approval Form

Mentor Name: _____

Mentor Title: _____

Student Name: _____

School/Institution: _____

Overall assessment of student's work during the Summer Fellowship

Select one: Excellent Satisfactory Unsatisfactory

Comment on student's performance during the course of the fellowship, including but not limited to the student's understanding of key issues related to subject matter, dedication to project goals, and interaction with patients.

Comment on project's impact and possibility for further study/work.

How will results/outcomes be disseminated? Please comment on opportunity for student to present work to faculty and peers, and possibility for publication.