

Student Oral Examination Evaluation Form Gross Pathology

Student's name: _____

Date: _____

Examiners: _____

General comments:

Suggestions for improvement:

Overall assessment for student's level of training (please circle):

Unsatisfactory Needs Improvement Meets Expectations Exceeds Expectations Excellent

Examiner's Signature

Examiner's Signature

Student's Signature

Revised Feb 8, 2008

Once completed please return to:

Tracey Koning, Pathology and Laboratory Medicine, Dental Sciences Building, Room 4044