

HOWARD UNIVERSITY COLLEGE OF MEDICINE

EVALUATION REPORT OF CLINICAL ELECTIVES

Name: _____
(Last) (First) (Middle) (I.D. Number)

Hospital/Institution/Laboratory: _____

Service/Department: _____

Dates (Inclusive of Clerkship): _____
(Date Reporting through Date Service Ended)

Description of Assigned Duties: _____

			Fair	Poor	Unable to Judge
Knowledge					
Initiative					
Industry					
Judgment					
Cooperation					
Dependability					
Personal behavior					
Self-expression					

Strengths and Weaknesses:

Other Pertinent Information:

Grade: _____ (H, Honors; S, Satisfactory; U, Unsatisfactory)

Please return to:
Howard University College of Medicine
Office of the Dean
Student Records
520 W Street, NW
Washington, DC 20059

Signature

Name and Title (Please Type)