

**TROPICAL MEDICINE SEMINAR
EVALUATION FORM**

NAME: _____ **DATE:** _____

SUBJECT OR TITLE: _____

FACULTY MEMBER _____

EVALUATION:

(1 = poor, 2 = fair, 3 = good/excellent)

Student able to explain the relevance of the paper	1	2	3
Student familiar with methods and results and explained them clearly	1	2	3
Student's critique of paper	1	2	3
Abstract complete and appropriate	1	2	3