



MOUNT SINAI
SCHOOL OF
MEDICINE

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Clinical Elective Evaluation/Grade Form

Student Name: _____ Life Number _____

Course Code: _____ Elective Name: _____

Elective Instructor: _____ Weeks: _____

Year: _____ Semester (circle one): Fall // Spring // Summer

Instructions for Course Director: Check off and complete comments (if any):

	EXCEEDS COURSE EXPECTATIONS	MEETS COURSE EXPECTATIONS	NEEDS REMEDIAL EXPERIENCE	INSUFFICIENT INFORMATION
Knows Facts	< >	< >	< >	< >
Understands Concepts	< >	< >	< >	< >
Uses Resources (<i>Library, Lab., Records</i>)	< >	< >	< >	< >
Problem Solving	< >	< >	< >	< >
Verbal Communication	< >	< >	< >	< >
Written Communication	< >	< >	< >	< >
Technical (<i>Physical Exam, Lab., etc</i>)	< >	< >	< >	< >
Relates and Works with Others	< >	< >	< >	< >
Accepts Responsibility	< >	< >	< >	< >
Seeks Feedback	< >	< >	< >	< >
Motivation and Initiative	< >	< >	< >	< >
Judgment	< >	< >	< >	< >

Overall Grade (circle one): Honors // Pass // Incomplete // Fail

Of Weeks Completed: _____

COMMENTS:

Instructor's Signature: _____ Date: _____