



MOUNT SINAI
SCHOOL OF
MEDICINE

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Pre-Clinical Elective Evaluation/Grade Form

Student Name: _____ Life Number _____

Course Code: _____ Elective Name: _____

Elective Instructor: _____ Weeks: _____

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

A: GRADE

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

Of Weeks Completed: _____

B: STUDENT PERFORMANCE EVALUATION:

- 1) How would you evaluate this student's judgment?

- 2) How does this student relate to peers, patients, or staff?

- 3) Please comment on this student's motivation

- 4) Does this student have major strengths? If so, please specify.

- 5) Does this student have major weaknesses? If so, please specify.

- 6) Recommendations (i.e. areas that need improvement, further work).

C: ADDITIONAL COMMENTS:

Instructor's Signature: _____ Date: _____