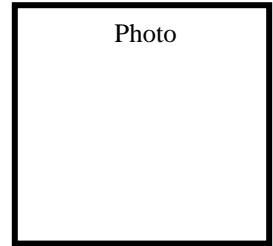




**Herbert Wertheim
College of Medicine**

FLORIDA INTERNATIONAL UNIVERSITY



Student: _____
Last Name First Name

The above named student has completed an externship/elective at your institution:

Name of Institution: _____

Name of Externship/Elective: _____

Date(s) of Rotation: _____

Please indicate below a grade of *PASS* or *FAIL*; any comments you may have on the student's performance will be greatly appreciated. Upon completion please fax to 305-348-4965, E-mail to comperiod4@fiu.edu or mail to the Office Medical Education, FIU Herbert Wertheim College of Medicine, 11200 SW 8th Street, AHC 2 – # 484, Miami, Florida 33199. Thank you!

PASS

FAIL

ATTENDANCE & INTEREST: _____

**MEDICAL
KNOWLEDGE:** _____

CLINICAL ABILITY: _____

ADDITIONAL COMMENTS: _____

Evaluator's Signature

Department

Name (Type or Print)

Telephone number

Date

Email address