

**INDEPENDENT STUDY PROJECT
EVALUATION**

(To be completed by each ISP Committee member, including the Chair)

INSTRUCTIONS: The ISP deadline is **MAY 1** of the student's fourth year. Please complete and return this form to the student's ISP Chair prior to the deadline. The Chair will collect the evaluation forms and forward them to the ISP Coordinator / SOM Office of Undergraduate Medical Education / 0729 / Ph: 858-822-2014 / Fx: 858-822-3067.

NAME OF STUDENT: _____

NAME OF ISP CHAIR: _____

ISP OR TITLE: _____

The Electives Committee has requested that each ISP committee member submit a written evaluation of the student's performance at the completion of the project/experience. Since the ISP is an area of the curriculum with strong faculty/student interaction, your comments will be particularly important. Please describe the student's performance, i.e., accomplishments, strengths, weaknesses, and general overall performance.

ISP COMMITTEE MEMBER (PLEASE PRINT)

SIGNATURE

DATE

CONFIDENTIAL
(Information for Student and ISP Committee Only)

ISP Handbook on the Web: http://meded.ucsd.edu/ugme/isp_handbook/