

Florida Atlantic University
Christine E. Lynn College of Nursing

Form A - PhD Research Practicum Objectives and Activities

Student

Florida Atlantic University
Christine E. Lynn College of Nursing

Form C – PhD Research Practicum Student Evaluation

PhD Student Name: _____ Date: _____

Academic Advisor of Record: _____ Date: _____

Practicum Advisor (as appropriate): _____ Date: _____

Date (month/year) Research Practicum began: _____

Date (month/year) Research Practicum ended: _____

	Very				Not at all
1. How satisfied were you with the research practicum experience?	4	3	2	1	0
2. How satisfied were you with the faculty/student collegial relationship?	4	3	2	1	0
3. How helpful was this learning experience as you prepare for dissertation?	4	3	2	1	0
4. What was the greatest benefit?					

