University of Pennsylvania
School of Nursing

RESEARCH RESIDENCY EVALUATION

Name: ________________________________________  Date: ___________________

Advisor/Chairperson: ____________________________  Date of Matriculation:_________

Advisor/Chairperson Signature:_________________________________________________

Faculty Preceptor Signature: (if different)_________________________________________

Semester in which Research Residency was completed: ____________________________

The purpose of the research residency is to enhance socialization of the student into the role of the researcher. Please list how you met or modified your research residency objectives. For each objective please list the specific activities that you did to meet the objective.

Research Residency Objectives: ________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Activities to Meet Each Objective:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature: ________________________________________  Date: ___________________

Graduate Group Chair