

*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