

**SCHOOL OF MEDICINE  
STATE UNIVERSITY OF NEW YORK  
AT STONY BROOK**

For Office use only:  
Date received in the OME \_\_\_\_\_  
Date entered to Cbase \_\_\_\_\_  
Initials \_\_\_\_\_  
4<sup>th</sup> Year Evaluation Report 04-05

**Student's Name:** \_\_\_\_\_

**Course Title/Department:** \_\_\_\_\_

**Subinternship** \_\_\_ **Didactic** \_\_\_ **Neurology** \_\_\_ **Elective** \_\_\_ **MCS** \_\_\_ **Other** \_\_\_

**Rotation**  
**Site:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Attending** \_\_\_\_\_

**Has student completed the course?** Yes \_\_\_ No \_\_\_

**Overall Grade:**      **Honors** \_\_\_      **Pass** \_\_\_      **Fail** \_\_\_

**Evaluative Comments:**  
(Please type or print clearly)

\_\_\_\_\_  
**For Home Subinternships ONLY:**  
**University Hospital Program Director**  
**Signature**

\_\_\_\_\_  
**For electives and non-subinternship**  
**rotations/Attending at site or Course Director**  
**Signature**

**Home Subinternships return to:** Appropriate department at Stony Brook (see back). Stony Brook Department will electronically submit the grade.

**Home Electives:** Grades entered by Department electronically.

**Surgical Selectives return to:** Dr. Louis Merriam, Dept. Surgery, SUNY Stony Brook SOM, Stony Brook, NY 11794-8191

**MCS return to:** Dr. J. Coulehan, Dept. Prev. Med., SUNY Stony Brook SOM, Stony Brook, NY 11794-8036

**All other rotations return to:**

Marilyn London, Ed.D., Office of Medical Education, SUNY Stony Brook School of Medicine, Stony Brook, NY 11794-8432