

Department of Urology Spot Evaluation Form  
Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
 History  Exam  Surgery  Pt. Management  
 Outstanding  Superior  Avg.  Below Avg.  Unsatisfactory  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Faculty: (print): \_\_\_\_\_ Std. Init. \_\_\_\_\_

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