End of Quarter Form
Fall Quarter 2017

Student Name: _____________________

Advisor’s Name: ____________________
Advisor’s Signature: ____________________ Satisfactory Progress: __ Yes __ No

Quarter Rotation:
Faculty’s Name: ____________________
Faculty’s Signature: ____________________ Satisfactory Progress: __ Yes __ No

☐ Experimental ☐ Computational

Title of the project:

Project Description: (Please attach, Min. 2 paragraphs, max. 3 pages) The report needs to include a general description of the problem that your research concerns, the methods you employed to conduct the research, and the results of your project. Any additional reports required by your faculty rotation sponsor should also be attached.

Symposiums Attended (Please list seminar, talks and conferences you have attended, and the sponsoring organizations and location, if any)

Additional Training Activities: (List any additional training activities that you have been involved in this quarter ie. Presentations, Fellowship Applications, Graduate Division Events, NIH BEST/GPS, Department Activities, Off-Site outreach Activities)

Student Comments: (Please note any comments or concerns you have about the Graduate Program)

Publications: (Please list authors, titles, journal status, if any)

Student _______________________________ Date ________
Signature

Please return this sheet to Cely Dean (cely.dean@uci.edu) by Wednesday, December 6, 2017