



UC Irvine: Mathematical, Computational and Systems Biology Graduate Program
Fall 2019 - End of Quarter Rotation Evaluation

Student Name: _____

Experimental OR Computational # of Units: _____

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.*

Rotation Faculty Member: _____

Rotation Faculty Member Signature: _____ Satisfactory Progress: __ Yes __ No

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)*

MCSB Advisor's Name: _____

MCSB Advisor's Signature: _____ Satisfactory Progress: __ Yes __ No

Student Signature

Date