End of Quarter Form  
Spring Quarter 2020

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 Tina Rimal (trimal@uci.edu) by Wednesday, June 10, 2020