



UC, Irvine: Mathematical, Computational and Systems Biology Graduate Program

End of Quarter Form

Quarter/Year: _____

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 _____
Signature

Date _____

Please return this sheet to MCSB Program Administrators by finals week each quarter.