

## Appendix C

### BIOPHYSICS RESEARCH INTERNSHIP (BIOPHYSICS 999)

### FINAL REPORT

Student Name \_\_\_\_\_

Date: \_\_\_\_\_

Rotation Instructor: \_\_\_\_\_

**SECTION 1: Expectations:** This section should be filled out by agreement of the student and faculty member at the beginning of the Internship.

1. 999 credit hours enrolled: \_\_\_\_\_
2. Estimated hours per week available this quarter for Laboratory Rotation by the student \_\_\_\_\_
- A. Expectations of the faculty member
  - a. Reading relevant literature \_\_\_\_\_
  - b. Experimental work \_\_\_\_\_
  - c. Research meetings \_\_\_\_\_
  - d. Student presentation \_\_\_\_\_
  - e. Shadowing experiences \_\_\_\_\_
  - f. Time in the laboratory \_\_\_\_\_
4. Did you discuss together the possibilities for support of students in this laboratory over the coming year? Yes ☐ or No ☐

Signatures: Student \_\_\_\_\_ Faculty \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: Accomplishments of the Student.** This section should be filled out by the student after the rotation is completed.

1. Approximate average hours/wk participation in rotation: \_\_\_\_\_
2. Number of weeks of rotation: \_\_\_\_\_
3. Direct participation in research work: (use additional pages as necessary): \_\_\_\_\_
4. "Shadowing" experiences (use additional pages as necessary): \_\_\_\_\_
5. Outside reading/literature Study (briefly describe, use additional pages as necessary): \_\_\_\_\_
6. Presentations in Research Group Meetings (use additional pages as necessary): \_\_\_\_\_
7. Approximate time spent with the advisor: \_\_\_\_\_ average hours/week.
8. Approximate time spent with other mentors in the lab (students/postdocs/techs/): \_\_\_\_\_
9. Other Activities (use other pages as necessary) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION 3: Faculty approval:

1. Agree ☐ or Disagree ☐ that the student has participated in these activities as stated above.
2. I have ☐ have not ☐ discussed potential opportunities/support for doing graduate work in my program.
3. General comments, and recommendations regarding areas or study, courses or lab courses student would need before entering into the lab? \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student, send 1 copy to the BIOPHYSICS OFFICE c/o Susan Hauser, Biophysics, 119 ARONOFF LB 318 W 12TH AVE Give one copy to your 999 instructor and keep one copy for yourself