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

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