Appendix D: Biophysics Research Rotation Final Report

Student Name _______ Date _______

Rotation Instructor _______

SECTION 1: Expectations: This section should be completed by agreement of the student and faculty member at the beginning of the rotation.

1. 8998/7998/8999 credit hours enrolled: ___________
2. Estimated hours per week available this semester for laboratory rotation by the student ___________
3. 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 completed 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 lab
3. General comments, and recommendations regarding areas or study, courses, or lab courses that this student would need before entering into the lab_______________________________________

Faculty Signature: ____________________________ Date: __________

Students, send one copy to the program administrator at biophysics@osu.edu
Give one copy to your advisor and keep one copy for yourself.