Appendix B

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 units enrolled: ___________
2. Estimated hours per week available this semester 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 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 program.
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:______________________

Student, send one copy to the BIOPHYSICS OFFICE, 1190D Graves Hall 333 W 10th Ave, Give one copy to your rotation advisor and keep one copy for yourself.