

B&MB RESEARCH REQUIREMENT DOCUMENTATION

Student Name (Print) _____ Mo/Yr of graduation _____

<p align="center">COMPLETE THIS SECTION IF YOU ARE USING BCMB 550/560 TO FULFILL THE RESEARCH REQUIREMENT</p>
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Faculty advisor's name _____

When did you perform the research (semester(s))? _____

Did you/will you present research on campus? If so, when? _____

If so, poster or oral? _____

Title of the research project _____

(If you completed more than 1 research experience on campus using BCMB 550/560, please use the back of this form to indicate the same information about the additional project(s). If you performed off-campus research as well, please fill in the relevant information below.)

<p align="center">COMPLETE THIS SECTION IF YOU ARE USING OFF-CAMPUS RESEARCH TO FULFILL THE RESEARCH REQUIREMENT</p>

Mentor's name (lab PI) _____

Lab location (name of University/Industry) _____

When did you perform the research (summer(s))? _____

Did you/will you present research on campus? If so, when? _____

If so, poster or oral? _____

Title of the research project _____

(If you completed more than 1 research experience off campus, please use the back of this form to indicate the same information about the additional project(s). If you performed on-campus research as well via BCMB 550/560, please fill in the relevant information above.)

The following signatures certify that the research requirement has been completed successfully

B&MB Major Advisor

Date

B&MB Chairperson

Date