Form 3: Bioengineering Undergraduate Departmental Honors Progress Tracking

STUDENT INFORMATION (please print or type)

Name: ___________________________________________ CUID#: __________________________

E-mail: __________________________________________ Phone: ____________________________

Campus or Local Address: __________________________

RESEARCH ADVISOR INFORMATION

Name: __________________________________________ E-mail: ____________________________

Office Phone: __________________________ Campus Address: __________________________

PROGRESS IN REQUIRED COURSE WORK / RESEARCH (Section A):

<table>
<thead>
<tr>
<th>COURSE ABBREVIATION</th>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th>Date Completed</th>
<th>Final Grade</th>
<th>Approval Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BioE</td>
<td>H4150</td>
<td>Research Principles &amp; Concepts</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COURSE ABBREVIATION</th>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th># of Credits Completed</th>
<th>Date Completed</th>
<th>Final Grade</th>
<th>Advisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>BioE</td>
<td>H4910</td>
<td>Mentored Research Semester I</td>
<td></td>
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</tbody>
</table>

Note: Final grade for the semester should be derived from the assessment criteria established in the Bioengineering Undergraduate Departmental Honors Syllabus (Form 2).

Advisor Comments: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
PROGRESS IN REQUIRED COURSE WORK / RESEARCH (Section A) Continued:

STUDENT INFORMATION (please print or type)

Name: ____________________________ CUID#: ____________________________

<table>
<thead>
<tr>
<th>COURSE ABBREVIATION</th>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th># of Credits Completed</th>
<th>Date Completed</th>
<th>Final Grade</th>
<th>Advisor Signature</th>
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</thead>
<tbody>
<tr>
<td>BioE</td>
<td>H4910</td>
<td>Mentored Research Semester II</td>
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</table>

Note: Final grade for the semester should be derived from the assessment criteria established in the Bioengineering Undergraduate Departmental Honors Syllabus (Form 2).

Advisor Comments: ______________________________________________________

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<tr>
<th>COURSE ABBREVIATION</th>
<th>COURSE #</th>
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<th>Date Completed</th>
<th>Final Grade</th>
<th>Advisor Signature</th>
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<tbody>
<tr>
<td>BioE</td>
<td>H4910</td>
<td>Mentored Research Semester III (if needed)</td>
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Note: Final grade for the semester should be derived from the assessment criteria established in the Bioengineering Undergraduate Departmental Honors Syllabus (Form 2).

Advisor Comments: ______________________________________________________
PROGRESS IN REQUIRED RESEARCH PRESENTATIONS (Section B):

STUDENT INFORMATION (please print or type)

Name: ____________________________ CUID#: ____________________________

Research Presentation I – Academic Year: __________

Date of Presentation: ________

Presentation Type (circle one): Poster / Podium

Presentation Location / Event: ____________________________

Title of Presentation: ____________________________

Hardcopy print out of presentation attached: Yes ______

Assessment of Presentation by Honors Committee (suggested assessment rubric - Form 2): __________

Honors Committee Member Signature: __________

Research Advisor Signature: __________

Research Presentation II – Academic Year: __________

Date of Presentation: ________

Presentation Type (circle one): Poster / Podium

Presentation Location / Event: ____________________________

Title of Presentation: ____________________________

Hardcopy print out of presentation attached: Yes ______

Assessment of Presentation by Honors Committee (suggested assessment rubric - Form 2): __________

Honors Committee Member Signature: __________

Research Advisor Signature: __________
REQUIRED PROFESSIONAL DEVELOPMENT SEMINAR ATTENDANCE *(Section C)*:

STUDENT INFORMATION (please print or type)

Name: ____________________________ CUID#: ____________________________

<table>
<thead>
<tr>
<th>Semester (Fall / Spring)</th>
<th>Date of Seminar</th>
<th>Title of Seminar / Seminar Speaker</th>
<th>Confirmatory Approval Signature (Seminar Chair or Equivalent)</th>
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HONORS THESIS COMPLETION (Section D):

STUDENT INFORMATION (please print or type)

Name: ________________________________ CUID#: ________________________________

Part I – Research Advisor Thesis Review

Printed Name of Research Advisor: __________________

Date of Submission of Thesis to Research Advisor: __________________

Decision:

Pass: ______

Conditional Pass: __________________________________________

___________________________________________________________

___________________________________________________________

Fail: ______

Signature of Research Advisor / Date of Decision: __________________________________________

Part II – Honors Committee Member Thesis Review

Date of Submission of Thesis to Honors Committee: __________________

Reviewing Honors Committee Member: __________________________

Decision:

Pass: ______

Conditional Pass: __________________________________________

___________________________________________________________

___________________________________________________________

Fail: ______

Signature of Honors Committee Member / Date of Decision: __________________________________________

Signature of Bioengineering Department Head (or designee): ____________________________