

UC, Irvine Mathematical, Computational, and Systems Biology Graduate Program Annual Committee Assessment

Name: _____ **Academic Year: 2018 - 2019**

A. Successful Completion of Core Courses with a min. grade of B+ _____ Yes ___ No
 GPA: _____ *Transcript Attached*

B. Research Activities (Quarterly Lab Rotations) *Reports Attached*

Fall Title	Rotation Faculty	Experimental	Computational
Winter Title	Rotation Faculty	Experimental	Computational
Spring Title	Rotation Faculty	Experimental	Computational

C. Publications/Presentations:

D. Additional Training Activities:

E. Comments from the Committee:

F. Committee's Evaluation of Student Progress/Completion:

- () The committee determines that the student has made satisfactory academic progress.
- () The committee has concerns about the student's academic progress.
- () The committee determines that the student has not made satisfactory academic progress.

Name		Signature
Dr. John Lowengrub	Director	X:
Dr. Jun Allard	Associate Director	X:

By signing the following line, the student acknowledges that he/she has read the submitted report from the Program.

Student Signature: _____

Date: _____