



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: _____

Check box if student is currently a member of the Honors College

REQUIRED COURSE CREDIT SUMMARY:

COURSE ABBREVIATION	COURSE #	Proposed Semester / Year	COURSE TITLE	CREDITS
BIO E	H4150	1 st Semester	Research Principles and Concepts	1
BIO E	H4910	1 st Semester	Mentored Research	VARIABLE
BIO E	H4910	2 nd Semester	Mentored Research	VARIABLE
BIO E	H4910	3 rd Semester (if needed)	Mentored Research	VARIABLE

Total Credits 7

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

COURSE ABBREVIATION	COURSE #	COURSE TITLE	Date Completed	Final Grade	Approval Signature
BioE	H4150	Research Principles & Concepts			

COURSE ABBREVIATION	COURSE #	COURSE TITLE	# of Credits Completed	Date Completed	Final Grade	Advisor Signature
BioE	H4910	Mentored Research Semester I				

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: _____

COURSE ABBREVIATION	COURSE #	COURSE TITLE	# of Credits Completed	Date Completed	Final Grade	Advisor Signature
BioE	H4910	Mentored Research Semester II				

Advisor Comments: _____

COURSE ABBREVIATION	COURSE #	COURSE TITLE	# of Credits Completed	Date Completed	Final Grade	Advisor Signature
BioE	H4910	Mentored Research Semester III <i>(if needed)</i>				

Advisor Comments: _____

PROGRESS IN REQUIRED RESEARCH PRESENTATIONS (Section B):

Research Presentation Poster – Academic Year: _____

Date of Presentation: _____

Presentation Location / Event: _____

Title of Presentation: _____

Hardcopy print out of presentation uploaded to OneDrive: Yes _____

Honors Committee Member Signature: _____

Research Advisor Signature: _____

Research Presentation Podium – Academic Year: _____

Date of Presentation: _____

Presentation Location / Event: _____

Title of Presentation: _____

Hardcopy print out of presentation uploaded to OneDrive: Yes _____

Honors Committee Member Signature: _____

Research Advisor Signature: _____

REQUIRED PROFESSIONAL DEVELOPMENT SEMINAR ATTENDANCE (Section C):

STUDENT INFORMATION (please print or type)

Semester (Fall / Spring)	Date of Seminar	Title of Seminar / Seminar Speaker	Summary Statement of Seminar

HONORS THESIS COMPLETION (Section D):

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): _____