FINAL EVALUATION
UNDERGRADUATE RESEARCH INDEPENDENT STUDY

Student Name: __________________________________________
Instructor Name: __________________________________________
Course Number: __________________________________________
Credit Hours Assigned: _____________________________________

FINAL EVALUATION CHECKLIST

☐ Undergraduate Research Contract
☐ Biosafety Training Complete
☐ Chemical Safety Training Complete (optional)
☐ Laboratory Notebook
☐ Final Project Presentation
  ☐ Poster
  ☐ Power Point Presentation
  ☐ Written Report/Thesis

Evaluation/Comments:

____________________________________     ________________
Instructor Signature                      Date