



NIGMS-RISE Semester Report Sheet

(Please fill out each field completely, i.e. DO NOT leave any blanks.)

Name	Major	Classification	Street Address		
Home Phone			City, State, Zip		
Mobile Phone					
Is this a new phone number?					Is this a new address?
Mentor			Mentor Phone		
Lab Phone			Report Semester and Year (i.e. Fall 2015)		
Project Name					
Briefly, what did you accomplish?					
What are your goals for next semester?					
Hours Worked Per Month	Month 1:	Month 2:	Month 3:	Month 4:	Month 5:
Student's Signature			Date		
Comments By Mentor					
Mentor's Signature			Printed Name		Date
The above statements represent an appropriate assessment of the student's progress in his or her research endeavors.					