UTRGV Dean's Excellence Fellowship Annual Progress Report



To be submitted no later than April 1st to manar.shoshani@utrgv.edu

Name:			
Last Name	First Name	Middle Name	
E-mail:	@utrgv.edu Pho	one: ()	
UTRGV ID:			
Classification:	nman 🗌 Sophomore 🗎 Junio	or Senior	
Major: Chemistry	☐ Physics ☐ Statistics		
Faculty Mentor's Name: _			
Title of research project:			
Brief description of the pr	roject, progress, and results		
Will you be presenting the	e research from this summer's fellows	ship at a conference? Yes No	
Indicate where you will be	e presenting (check all that apply):		
State Conference	National Conference Coll	lege Annual Research Conference	
I hereby certify that the	information in this form is true and	l accurate.	
PRINTED NAME		SIGNATURE	
DATE.			

Information below to be completed by the Faculty Mentor

FACULTY MENTOR'S INFORMATION

Faculty Mentor's Name:			
Department:			
Email:			
Summarize the Fellow's cor	ntribution to their res	earch project	
Describe the tasks/responsi	bilities the Fellow ex	celled in:	
Describe any improvements	s the Fellow should w	ork on:	
Provide an overall progress	made by the Fellow	during the summer:	
Excellent	Good	Satisfactory	Poor
SIGNATURE			.TF