COLLEGE OF EDUCATION

Undergraduate Research

STUDENT'S INTERIM REPORT

Complete during the second quarter of the research project

(Return to Student Services Office *no later* than the 9th week of the quarter.)

Date:_____

Name:_____ Major:_____

Title of Project: _____

_____

_____

Student Signature: _____ Date: _____

(You may attach your responses on a separate page with the date, title of the project, and your name as the heading.)

1. Is your project proceeding according to the timetable established in your proposal? If not, explain.

2. Describe any difficulties you are having in implementing your proposal.

3. Has your project advisor given you the guidance and support you need?

Please address any other concerns you may have regarding the implementation of your proposal on the back of this sheet. You may also contact the Honors Director personally if necessary.

COLLEGE OF EDUCATION

Undergraduate Research

PROJECT ADVISOR'S INTERIM REPORT

Complete during the second quarter of the research project

(Return to Student Services Office *no later* than the 9th week of the quarter.)

Date: _____

Student's Name: _____ Major: _____

Title of Project: _____

_____

_____

Project Advisor Signature: _____ Date: _____

Please evaluate the student's progress in pursuing his/her research project by responding to the following items. You may attach your responses on a separate page with the date, name of the student, title of the project, and your name as the heading.

1. Is the student making timely progress in pursuing the objectives outlined in the proposal? Will the student be able to complete the project according to the established timeline?

2. Briefly describe any difficulties the student has encountered in implementing the proposal.

3. Briefly describe any other factors related to the project that should be addressed.