IGERT Guidance Committee and Plan of Study

Student: ________________________________________________

Committee Members:
1. _________________________________________ (Functional Genomics)
2. _________________________________________ (Computation)
3. _________________________________________ (Evolution)

* IGERT advisor and chair of the committee (please indicate who is chair)

Signature of IGERT advisor: ______________________________

Date of first meeting: ________________________________

Plan of Study (to be filled in by committee chair; please list proposed course work for first and second semesters as well as planned IGERT rotations and any other suggested course of study):

Courses

Fall semester:

Spring semester:

IGERT Rotations

1. _____________________________
2. _____________________________
3. _____________________________

Other Suggested Plan of Study (directed readings, lab meetings, etc):