



Research Final Report
University of Michigan

This will be the first page of your Final Research Report

Student Name (Please Print): _____

Location of Research: _____

Faculty (Please Print): _____

Department (Please Print): _____

Graduate Student (Please Print): _____

Dates of Research: _____

Title of Research: _____

STEM Field: _____

Initial Research Abstract and Your Role:
(What did you think you were going to do? Please attach original document)

Final Research Report:
(What did you really do?)

Did you present your research at any conference, symposium, etc?
 No Yes; If yes, where? _____

Did you co-author any papers? No Yes: If yes, please provide abstract.

Did you complete research evaluation? No Yes

Your signatures below indicate that you have reviewed this form, the attached information and agree to its contents.

Student Signature _____

Faculty Signature _____

Graduate Student Signature _____