## TIGP Bioinformatics Lab Rotation Score Sheet

Student's Name:	
Professor(1):	Professor(2): Optional
Lab:	Lab:
Duration:	Duration:
Please have your lab professor signs	s on a weekly basis.
Minimum of 10 weeks of signatures	s are required to pass the course.
Week1	Week8
Week2	Week9
Week3	Week10
Week4	Week11
Week5	Week12
Week6	Week13
Week7	Week14
Comments:	
Score: /100	
n the case of changing lab within a s	semester
Please obtain both signatures below	
Fail to inform TIGP-BP Office will	
st Lab Professor's Signature:	2nd Lab Professor's Signature:
	1) D.A. ( / /12)
Date:(yyyy/mm/do	d) Date:(yyyy/mm/dd)