



Department of Microbiology and Immunology
Graduate Program Initial Research Project

Student name: _____ Program (MSc, PhD, MD/PhD): _____

Thesis advisor: _____ Date: _____

Note: this report is to be sent by the student to ubcmicb-g-grad@mail.ubc.ca and copied to the thesis advisor within the first month of graduate program.

Title of research project:

Summary of initial research project:

List UBC courses to be taken including those that will be audited: