

PHARMACOLOGY DEPARTMENT
STUDENT COMMITTEE MEETING PROGRESS REPORT

*You must schedule Committee Meetings at least twice a year: once in January and once in July.
This form is due to Jolene immediately following each Committee Meeting.*

STUDENT'S NAME: _____ DATE OF MEETING: _____

MENTOR _____
(Name) (Title) (Department)

DISSERTATION TOPIC _____

OVERALL RATING OF THE STUDENT'S PROGRESS: EXCELLENT GOOD ADEQUATE UNSATISFACTORY

Specifically, we evaluate this student's progress in these areas:

EFFORT	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
EXPERIMENTAL SKILLS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
ANALYTICAL ABILITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
WRITING (AS APPLICABLE)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
PRESENTATIONS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
READING ACTIVITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

RECOMMENDATIONS FOR DEVELOPMENT:

THE DISSERTATION/ADVISORY COMMITTEE must be comprised of no less than four faculty members; at least one of these people must have a primary appointment in a department other than Pharmacology. While four is the minimum required number of committee members, the Department strongly encourages you to have five faculty members on your committee.

	Name	Signature	Date
1.	Mentor	_____	_____
2.	Committee Member	_____	_____
3.	Committee Member	_____	_____
4.	Committee Member	_____	_____
5.	Committee Member	_____	_____
6.	Student	_____	_____
7.	Graduate Advisor	<u>Paula Barrett</u>	_____