

## Biological Sciences Graduate Program Annual Progress Report (revised 2/2019)

**INSTRUCTIONS:** To be returned to the Bio Sci Graduate Program Assistant (LAP S181D). Form should be completed by the student and their faculty advisor in cooperation. Send completed form and any attached documents to all committee members at least one week before the annual meeting.

**DEADLINE:** June 1<sup>st</sup> of every year

STUDENT NAME	ADMISSION YEAR
FACULTY ADVISOR NAME	DEGREE PROGRAM <input type="checkbox"/> M.S. <input type="checkbox"/> Ph.D.
REPORT FOR ACADEMIC YEAR (E.G., 2018/2019)	YEAR IN PROGRAM (E.G., YEAR 1, YEAR 2, ETC.)

<b>EVALUATION OF STUDENT PROGRESS IN:</b> *Indicates Milestones Requirement	<b>COMPLETE (LIST DATE)</b>	<b>NOT COMPLETE</b>	<b>EXPECTED COMPLETION</b>
ADVISORY COMMITTEE FORMATION			YEAR 1
REMEDIED COURSEWORK DEFICIENCIES			YEAR 1
TRANSFER EVALUATION COMPLETE			YEAR 1
SECONDARY AREA OF CONCENTRATION IDENTIFIED (PHD ONLY)			YEAR 1
COURSEWORK COMPLETE			YEAR 2
*DISSERTATION RESEARCH PROPOSAL COMPLETE (PHD ONLY)			YEAR 3
*PRELIMINARY EXAM COMPLETE			YEAR 2 (MS) / YEAR 3 (PHD)
SUBMITTED/PUBLISHED PAPER AS FIRST AUTHOR (PHD ONLY)			YEAR 5
DEPARTMENT COLLOQUIUM PRESENTED (PHD ONLY)			YEAR 5

PHD ONLY – LIST COURSES TAKEN TO SATISFY SECONDARY AREA OF CONCENTRATION:
ATTEMPTS TO SEEK FUNDING OR OTHER SUPPORT FOR YOUR RESEARCH PROJECT OR IMPROVEMENTS TO LABORATORY INSTRUCTION (E.G., REVISING LAB MANUALS). INCLUDE DATES OF SUBMISSION AND STATUS (PENDING, AWARDED, OR DECLINED).

MEETINGS ATTENDED, PAPERS/POSTERS PRESENTED, PUBLIC PRESENTATIONS RELATED TO YOUR RESEARCH (E.G., TALKS TO COMMUNITY GROUPS). PLEASE GIVE DETAILS SUCH AS PRESENTER, TITLE OF TALK/POSTER, NAME AND DATE OF MEETING.
WORKSHOPS OR OTHER PROFESSIONAL LEARNING EXPERIENCES (BOTH TEACHING AND RESEARCH).
AWARDS AND HONORS OUTSIDE THE UNIVERSITY (E.G., RESEARCH SOCIETY POSTER AWARDS, RESEARCH SOCIETY TRAVEL AWARDS, RESEARCH SOCIETY RESEARCH AWARDS, SIGMA XI GRANTS-IN-AID OF RESEARCH, ETC.)
MANUSCRIPTS SUBMITTED OR PUBLISHED. PLEASE LIST DATE OF SUBMISSION, ARTICLE TITLE, AND JOURNAL TITLE.
STUDENT CONCERNS

**OVERALL COMMITTEE EVALUATION: IS THE STUDENT MAKING SATISFACTORY PROGRESS?**

<input type="checkbox"/> YES	COMMENTS ON FUTURE DIRECTION OF STUDENT'S WORK
<input type="checkbox"/> YES, WITH RESERVATION	RECOMMENDATIONS FOR IMPROVEMENT
<input type="checkbox"/> NO	SPECIFIC ACTIONS STUDENT SHOULD TAKE

**COMMITTEE SIGNATURES BELOW:**

**COMMITTEE MEMBERS (TO BE COMPLETED AT THE ANNUAL COMMITTEE MEETING)**

The major advisor has discussed the annual progress report with the student and has answered any questions regarding the recommendations of the committee. In the case of unsatisfactory progress, the student will make an appointment to meet with the Graduate Program Representative.

Signatures of Advisory Committee Members

Date

MAJOR ADVISOR	
COMMITTEE MEMBER	
COMMITTEE MEMBER	
COMMITTEE MEMBER	
COMMITTEE MEMBER	
COMMITTEE MEMBER	