Neuroscience Center
MS Graduate Progress Review
DUE January 31st or May 15th

Name:_____ Date:_____

Part 1: To be completed by the student prior to the Progress Review and then submitted to the Advisory Committee at the time of the review.

1. Please mark under your current semester of enrollment if you have completed each of the items listed below. Indicate date, if completed this semester.

Semester	1st	2nd	3rd	4th	5th or more
Current Enrollment					
Program of Study					
Prospectus					

2. Any item not completed above (exclude gray areas) please indicate expected completion date (within 30 days).

3. If you were accepted on a provisional basis, have you completed the provisions?

4. What is your program GPA? How many credit hours have you completed?

5. List the classes you are currently taking.

6. What labs have you worked in during the last year?

7. List your research accomplishments; attach copies of any abstracts or publications in the last year.

8. When do you anticipate you will be completing your degree?

9. What obstacles do you face in completing your program?

10. What are your goals for the next year?

Committee completes Part 2 on back

Part 2: To be completed by the Committee Chair following the Review, signed by the Advisory Committee, and submitted by the student to the Graduate Coordinator.

The Committee Recommendation
_____Satisfactory Progress: continuance in the graduate program
_____Marginal Progress (see below)
_____Unsatisfactory Progress (see below)

Signatures:

_____	_____	_____	_____
Committee Chair	Date	Member	Date
_____	_____	_____	_____
Member	Date	Member	Date
_____	_____		
Graduate Coordinator	Date		

If the recommendation is marginal or unsatisfactory, complete the section below. Be aware that two sequential unacceptable (marginal or unsatisfactory) ratings will result in termination from the program.

List the task(s) that need to be completed **during the next 30 days** in order for the student to regain satisfactory status. Be very specific, defining criteria for completion. Include the date(s) by which they are to be completed.

I agree with the terms described above.

Signatures:

_____	_____	_____	_____
Committee Chair	Date	Student	Date
_____	_____		
Graduate Coordinator	Date		