

NEUROSCIENCE CENTER

MS GRADUATE PROGRESS REVIEW

Student Name: _____ Date: _____

Part Ia 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 enrolment if you have completed each of the items listed below. Indicate date, if completed this semester.

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

2. Any item not completed above (exclude gray areas) indicate expected completion date (Should be within 30 days).
3. If you were accepted on 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.

Part Ib

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?

Part II *To be completed by the Committee Chair following the Review, signed by the Advisory Committee, and submitted by the Chair 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:

_____	_____
Graduate Student's Advisor	Date
_____	_____
Graduate Student	Date