

# NEUROSCIENCE CENTER

## PHD 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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup> or more
Current Enrollment					
Program of Study					
Prospectus					
Comprehensive Exam					

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:

_____	_____	_____	_____
<b>Committee Chair</b>	<b>Date</b>	<b>Member</b>	<b>Date</b>
_____	_____	_____	_____
<b>Member</b>	<b>Date</b>	<b>Member</b>	<b>Date</b>
_____	_____	_____	_____
<b>Member</b>	<b>Date</b>	<b>Member</b>	<b>Date</b>
_____	_____		
<b>Graduate Coordinator</b>	<b>Date</b>		

*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:

_____	_____
<b>Graduate Student's Advisor</b>	<b>Date</b>
_____	_____
<b>Graduate Student</b>	<b>Date</b>