Annual Student Progress Report

Student Name:_____

Date:
Program:
Date admitted to candidacy (if applicable):

Date(s) the faculty committee (or program director) met with the student during the previous 12 months:

In consultation with the student, we (I) have reviewed the student's progress toward the Ph.D. degree and note the following as marked below:

Coursework:_____ Progress is adequate OR _____ Progress is inadequate (attach remediation plan)
Research: _____ Progress is adequate OR _____ Progress is inadequate (attach remediation plan)

Number of published abstracts at regional/national/international scientific meetings this academic year (attach list):_____

Number of published or submitted manuscripts this academic year:_____ (please submit the references for all published manuscripts)

The committee agrees that the student has completed his/her research and may focus on completing his/her writing (i.e., no more experiments for the thesis/dissertation is required): Yes / No

Assessment of Learning Outcomes: Please use the following scale to assess the student's level of achievement in each skill area in the table below: 3-Advanced, 2-lntermediate, 1-Limited, 0-Novice. Note: the skill areas may not apply to all programs and the skill levels are relative for the student's stage in their program of study. Enter N/A if unable to assess the student's level of achievement.

Committee Member	Communication and presentation skills	Quantitative and Qualitative skills	Literature knowledge	Teamwork skills	Intellectual self-confidence

Name and Signature of Committee Member:

_____**Date:**_____ _____**Date:**_____

_____**Date:**_____ _____**Date:**_____

_____**Date:**_____ _____**Date:**_____

_____**Date:**_____ _____**Date:**_____

Program Director **Dean**

The student has reviewed the committee's report and ***agrees*** or ***does not agree*** (circle one) with the conclusion. Student comments should be made on additional pages if needed.

Please attach a narrative summary of the Committee discussion and a list of presentations/publications, if applicable.

Email the completed form to your Program Coordinator.

CGHS address: *College of Graduate Health Sciences, The university of Tennessee Health Science Center, 920 Madison Ave, Suite 807, Memphis, TN 38163. Phone: 901-448-5538*