

PhD Biomedical Sciences Annual Progress Review Advisor/Committee Assessment Form

First Name:	Last Name:
Expected Date of Graduation:	Term/Year Admitted:
Knights email address:	PID:

Title of Dissertation Proposal:

ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE (To be completed by advisor)

PERFORMANCE FACTORS	Excellent	Satisfactory	Needs Improvement	Poor	N/A
Quality Research work in Progress or Completed					
Quality of Journal and/or Conference Papers					
Potential to pursue Doctoral work					
Self-Motivation					
Overall knowledge needed for field of study					
Course work performance					
Dependability					
Overall assessment of performance (required)					

Estimate of percent of Dissertation Research Completed _____%

Advisor Evaluation (To be completed by Advisor)

Academic Performance:

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Brief Description of Research Progress:
Research Potential:
Current Publications (submitted or published):
Presentations / Other professional achievements of note:

(To be completed by Student)

Student Comments:

Advisor's Comments:

Advisor's Name (Printed) _____ **Signature** _____ **Date** _____

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Signature below indicates the faculty advisors have participated in the annual review of the dissertation progress and have indicated either Satisfactory (S) or Unsatisfactory (U) progress to date.

Faculty Name	Faculty Signature	Decision (S/U)	Date
[Faculty name], Ph.D. (Chair)			
[Faculty name], Ph.D.			
[Faculty name], Ph.D.			
[Faculty name], Ph.D.			

Committee Summary (Brief Description of Research Progress – add pages as needed): <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Signature of student _____ Date _____