



# Molecular and Cellular Pharmacology Graduate Training Program

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

## Annual Evaluation of Student's Progress to Degree

The purpose of this evaluation form is to provide a mechanism for the student to learn about his/her overall progress to degree and to identify areas of strength and weakness in the student's development as an independent scientist. The student fills out the top section of the form and brings it to the meeting to be signed. The student should provide the advisor and each member of the Thesis Committee with a brief written report describing the past year's accomplishments. **The advisor fills out the second page** of the form after the committee meeting. **The completed form must be returned to Kristin Cooper, Room L5/175 WIMR, MCP Program Coordinator by August 15.** Students who do not complete the form may have an enrollment hold placed in their record.

### To Be Completed by the Student:

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Graduate degree start term: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Is this meeting the student's "semi-final" report?  Yes  No

Advisor: \_\_\_\_\_

Committee Members: \_\_\_\_\_  
\_\_\_\_\_

Have you met with your entire committee since last August 14?  Yes  No

If Yes, please indicate when: \_\_\_\_\_

If No, please indicate why: \_\_\_\_\_

Individual Development Plan (IDP): Please check off each category that you have worked on and discussed with your advisor/committee:

Research Progress     Professional Development (grant writing, teaching, etc.)  
 Prelim Timeline     Defense Timeline     Career options/planning

Funding during previous fall and spring semesters: \_\_\_\_\_

### **Degree Milestones:**

Preliminary exam date: \_\_\_\_\_

Expected PhD Defense date: \_\_\_\_\_

**To Be Completed by the Thesis Committee:**

Has the student made satisfactory progress?  
Does the Committee approve the thesis outline?  
*(Applicable only for the semi-final report)*

Yes  No  
 Yes  No

**Signatures:**

Advisor: \_\_\_\_\_ Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Committee Member: \_\_\_\_\_

Committee Member: \_\_\_\_\_

**To Be Completed by the Advisor:**

**Overall Evaluation:** (Evaluate the student's progress to degree, major strengths and weaknesses, and concerns you may have for the student.)

**Communication Skills:** (Evaluate the overall quality of presentations and written summaries, capacity to articulate complex ideas, and language skills.)

**Scientific aptitude:** (Evaluate the student's capacity to carry out experiments, identify problems in experimental design, analyze data, and assess the statistical significance of the data.)

**Motivation:** (Evaluate the student's capacity to be self-motivated, his/her level of independence, and work habits.)

**Other:** (Evaluate the student's organizational skills, responsiveness to advice, and other issues that might require attention.)

**To Be Completed by the Student and shared with committee:**

What do you think is required to complete your PhD?

What further resources do you need to accomplish that goal?

How do you intend to remedy any deficiencies that you have towards that goal?

What are your plans for the coming year?