ANNUAL STUDENT PROGRESS REPORT
Neuroscience Graduate Program

NAME OF STUDENT: ________________________________ DATE PREPARED: ________________

PROGRAM:  M.S. □  Ph.D. □  DATE ENTERED PROGRAM: ________________

QUALIFYING EXAM:  WRITTEN _______________________________ ORAL __________________________

DISSERTATION TITLE:  __________________________________________________________________________
_________________________________________________________________________________________________

EXPECTED COMPLETION DATE: _________________________________________________________________

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ACADEMIC PROGRESS
(Comment on course work, deficiencies, research, etc.)

COURSE WORK (Please comment if student has completed core courses and proposed course work to be taken):


Have deficiencies been satisfied?  □ Yes,  □ No, If no please state the deficiencies that need to be met:


RESEARCH: (Please describe the students research accomplishments this year and indicate goals for next year):
RESEARCH: cont.

ACCOMPLISHMENTS: (Please indicate any special accomplishments, meetings attended, awards, etc. received by the student this year):

SUGGESTIONS/COMMENTS:

STUDENT SIGNATURE

MAJOR PROFESSOR/CHAIRMAN

GRADUATE ADVISOR