



Current Enrollment:

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
<b>TOTAL CREDIT HOURS</b>					

Future Enrollment:

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
<b>TOTAL CREDIT HOURS</b>					

a. Any "C" or "D"s in completed courses? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, how many and in which course(s) and is remediation needed?

\_\_\_\_\_

\_\_\_\_\_

b. Any incomplete ("I") in any courses? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is progress towards removing the incomplete?

\_\_\_\_\_

\_\_\_\_\_

2.

Laboratory Rotations:

a. List laboratories in which rotations were conducted (include the semester/year in which the experience occurred)?

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3. Seminar:

a. Provide the title of annual seminar(s):

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4. Teaching Experience:

a. Has the student completed the teaching requirement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, when does the student plan on completing the requirement?

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b. Brief description of teaching experience requirement approved by committee:

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c. TA evaluations are attached for current year. Yes \_\_\_\_\_ No \_\_\_\_\_

5. Qualifying Exam:

Students are expected to complete this requirement after all core courses have been taken. Part I should be taken by the end of the third year; Part II should be completed within 6 months of Part I.

a. Has the student taken the Qualifying Exam (Part I)? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Has the student taken the Qualifying Exam (Part II)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, is the student on schedule to take the exam in the recommended time period? If no, why?

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6. Research Proposal:

a. Has the student passed the research proposal defense? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, is the student on schedule to complete the proposal defense?

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7. Registered for Dissertation Hours?

Yes \_\_\_\_\_ No \_\_\_\_\_

(To be taken **after** passing Oral Exams-**8 credit hours of Dissertation required for Ph.D.**- 4 credit max course, please plan ahead!!)

If no, when do you expect to take these hours? \_\_\_\_\_

8. Graduate Committee for Thesis or Dissertation:

a. Has the student selected a Major Advisor/Chair? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name: \_\_\_\_\_

a. Has the student selected a Graduate Committee? Yes \_\_\_\_\_ No \_\_\_\_\_  
Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Progress in Research:**

1. Has the student completed the publication requirement? Yes \_\_\_\_\_ No \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

2. List Abstracts, Presentations, and Publications this reporting period:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**D. Miscellaneous:**

1. Awards or honors received this reporting period:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Involvement in PPS/School of Pharmacy/HSC events:  
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3. Other comments and information:

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**SUMMARY OF PROGRESS RATE:    SATISFACTORY: \_\_\_\_\_ UNSATISFACTORY: \_\_\_\_\_**

**Student's Signature:** \_\_\_\_\_  
(Note: Signature confirms discussion of performance evaluation, but does not necessarily indicate agreement)

**Mentor's Signature:** \_\_\_\_\_

**GRADUATE COMMITTEE:**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member (External)**

**Please attach a current CV.**

This evaluation covers the period from July 1 to June 30. Please complete the form and meet with your mentor and committee to discuss your progress. The completed form, including signatures and attachments, should be submitted to Mr. Brad Rager in the PPS Graduate Program Office (2037 Health Sciences North). In addition, please email an electronic version of the form (minus signatures) to [brager@hsc.wvu.edu](mailto:brager@hsc.wvu.edu).