



ANNUAL STUDENT EVALUATION FORM AND PROGRESS REPORT

Pharmaceutical and Pharmacological Sciences
Graduate Program

Student: _____ **Date:** _____

Advisor: _____ **Degree Sought:** _____

Year of Enrollment: _____ **Expected Date of Completion:** _____

A. Admission Requirements:

1. Was the student admitted conditionally or on probation? Yes _____ No _____

2. If yes, what were the conditions (i.e., must receive a grade of "B" or better in first 3 core courses, etc.)? Have they been satisfied?

B. Progress in completion of program requirements: (course work, seminars, teaching, etc.):

1. Was coursework transferred from another institution? Yes _____ No _____
 If yes, please add copy of Application for Graduate Credit Transfer form to student's file.

2. Has the student filed a Plan of Study? Yes _____ No _____
 If no, is the student on schedule to file the plan in the recommended time period?

3. Course work completed at West Virginia University (complete tables, adjusting the number of rows if needed, and check last column if course is listed on the Plan of Study):

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study

TOTAL CREDIT HOURS			
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Current Enrollment:

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
TOTAL CREDIT HOURS					

Future Enrollment:

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
TOTAL CREDIT HOURS					

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?

4. Graduate Committee for Thesis or Dissertation:

a. Has the student selected a Major Advisor/Chair? Yes _____ No _____

Name: _____

b. Has the Student selected a Graduate Committee? Yes _____ No _____

Names: _____

5. Laboratory Rotations:

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

6. Seminar:

a. Provide the title of annual seminar:

7. Teaching Experience:

a. Has the student completed the teaching requirement? Yes _____ No _____

If no, when does the student plan on completing the requirement?

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

c. TA evaluations are attached for current year. Yes _____ No _____

8. 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?

9. 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?

- 10 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 _____

2. List Abstracts, Presentations, and Publications this reporting period:

D. Miscellaneous:

1. Awards or honors received this reporting period:

2. Involvement in PPS/School of Pharmacy/HSC events:

3. Other comments and information:

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.

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 Dr. Mary Euler in the Office of Student Services, School of Pharmacy.