 **ANNUAL STUDENT EVALUATION FORM**

**AND PROGRESS REPORT**

Pharmaceutical and Pharmacological Sciences Graduate Program

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| **Student:** |  | **Date:** |  |
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| **Advisor:** |  | **Degree Sought:** |  |

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

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| **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? |
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| **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. |
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|  | 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? |
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|  | 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): |

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

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|   |  | Current Enrollment: |

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

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|  |  | Future Enrollment: |

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

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|  |  | a. | Any "C" or "D"s in completed courses? | Yes |  | No |  |
|  |  |  | If yes, how many and in which course(s) and is remediation needed? |
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|  |  | b. | Any incomplete ("I") in any courses? | Yes |  | No |  |
|  |  |  | If yes, what is progress towards removing the incomplete? |
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|  | 4. 5. | Graduate Committee for Thesis or Dissertation:1. Has the student selected a Major Advisor/Chair? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Has the Student selected a Graduate Committee? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laboratory Rotations: |
|  |  | a. | List laboratories in which rotations were conducted (include the semester/year in which the experience occurred)?  |
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|  | 6. | Seminar: |
|  |  | a. | Provide the titles of fall and spring seminar presentations: |
|  |  |  | Fall : |
|  |  |  | Spring: |
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|  | 7. | 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 |  |
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|  | 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 second year; Part II, i.e., the research proposal, should be completed within 6 months of Part I. |
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|  |  | 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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| **C.** | **Progress in Research:** |
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|  | 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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| **D.** | **Miscellaneous:** |
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|  | 1. | Awards or honors received this reporting period: |
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|  | 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:** |  |
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| **Student’s Signature:** |  |
| (Note: Signature confirms discussion of performance evaluation, but does not necessarily indicate agreement) |
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| **Mentor’s Signature:** |  |
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**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 the HSC Office of Research and Graduate Programs.