PHARMACOLOGY THESIS COMMITTEE FORM

Student's name:		Date of meeting:	
Thesis Advisor:		Year of study:	
Committee members in attendance:			
Please evaluate each of the areas below by circl	ing the appropriate descriptor	and provide comments where appropriate.	
This for should be signed by advisor, committee	members and student and bro	ought by the student to the Registrar	
1. Progress since last thesis committee meeting	(or qualifying exam if no prior	meeting):	
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			
2. Knowledge of the relevant scientific literature	::		
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			
3. Thinking critically about the project, seeing th	e "big picture":		
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			
4. Demonstrating initiative and independence in	experimental design and proj	ject directions:	
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			
5. Motivation and work ethic:			
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			
6. Technical competence at the bench, trouble-s	hooting ability:		
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			
7. Quality of written and oral presentations:			
Cause for concern to committee	Acceptable	Outstanding	
If cause for concern, please explain:			

Note: If this is the first thesis committee since the qualifying exam, an evaluation of at least *acceptable* in all areas 1-7 above is required for the student to be admitted to candidacy.

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8. Is the student on track to graduating in 5 years?

Yes Probably Maybe No Too soon to say

9. Does the student have a publishable story or at least the beginnings of one?

Yes Probably Maybe No Too soon to say

the student should present an outline of the figures of the paper/s

10. Should the student consider switching to a new project?

Yes No Too soon to say

Comments: if in doubt please describe additional experiments to assess the viability of the project

11. When should the student have another committee meeting?

3 months 6 months 9 months 12 months

12. Did the student complete the IDP (Individual **D**evelopment **P**lan) form at <u>https://your.yale.edu/sites/default/files/idp-form.pdf</u> and discussed with mentor? (Note: Must be completed and sent to department registrar prior to committee meeting)

Yes No

(<u>Note</u>: Students are required to have at least 1 meeting and complete IDP per academic year)

13. Does the committee agree with the student's future plans as stated in the student's Progress report summary?

Yes No

If no, please explain

If certain minimal goals must be achieved in order for the student to remain in good academic standing, please specify them and any deadline for meeting them:

13. Does the committee agree with the student's proposed thesis outline and plan for graduation (assuming it was presented)? Yes, means that it is the last thesis committee meeting and the student is being given permission to schedule a PRE-DEFENSE seminar date.

Yes No

If no, please explain:

Any other comments:

Committee chair's name: ______

Committee chair's signature: _____

Thesis committee member name and signature: _____

Student signature: _____

Student should deliver completed signed form to Pharmacology Registrar.

Updated: 04/20/17