

NMSU MOLECULAR BIOLOGY PROGRAM

ANNUAL MEETING REPORT FORM

Graduate Student Progress Evaluation (Due July 15th)

This form documents the date, attendance, and conclusions of the Annual Committee Meeting required of every graduate student in the NMSU Molecular Biology Program.

This mandatory form must be submitted to the MOLB secretary (361 Chem. Bldg.) with all required signatures no later than **July 15th** of each year. Failure to submit a completed form will result in inability to progress to the next semester.

Student Name & ID: _____ **Sign:** _____

1)	Year & semester you entered Degree Program (MS /PhD):	8)	Date of Committee Meeting:
2)	Current student support:	9)	Planned next semester support:
3)	Have you taken your Qualifier Exam:	10)	Semester & year of Qualifier Exam (if completed, or expected date):
4)	Have you taken your Comprehensive Exam:	11)	Semester & year of Comp. Exam (if completed, or expected date):
5)	Estimated Completion Date:	12)	Area of emphasis:
6)	Number of semesters of TA support since entering MOLB:	13)	Number of semesters of RA support since entering MOLB:
7)	Courses taken for academic year 2015 – 2016:		

Publications: *(in press or published – student to complete prior to meeting)*

Authors	Year	Title	Journal or Book	Volume	Pages

Published Abstracts: *(in press or published – student to complete prior to meeting)*

Author	Year	Title	Meeting

Conferences Attended for academic year 2015-2016: (student to complete prior to meeting)

Conference name & date	Were you an attendee or presenter	Title of presentation, or description of participation in meeting

Other Presentations: (Brown bag presentations, seminars, workshops, guest lectures in classes or elsewhere – student to complete prior to meeting)

Date	Format	Institution	Title/Description

Grants & Fellowships: (student to complete prior to meeting)

List all applications you submitted for grants or awards for travel, fellowships, etc. Include Grad School Travel, etc. Mark with an asterisk* the awards that were funded.

Date	Funding Source	Amount	Title/Description

Teaching Experience: (teaching interests & specialties – student to complete prior to meeting)

Date	Course	Institution	Description of Activities	Duties

Progress toward degree is: _____ Satisfactory, or _____ Unsatisfactory

Advisor: When do you think the student will complete? _____

Recommended actions and conclusions: (to be completed at meeting): _____

Signatures required of all Committee Members:

Advisor Name (Advisor has read and approves all content):

_____ Sign: _____

Committee Member: _____ Sign: _____

Committee Member: _____ Sign: _____

Committee Member: _____ Sign: _____

Committee Member: _____ Sign: _____