Annual Student Progress Report for Ashley Dodd

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
COLLEGE of GRADUATE HEALTH SCIENCES

Date: _____
Program: Pharmacology
Date admitted to candidacy (if applicable): _____

The faculty committee (or program advisor) met with the student on the following dates during the previous 12 months: ____

In consultation with the student, we (I) have reviewed the student's progress toward the M.S. project degree and note the following as marked below:

Coursework: ____Progress is adequate ____Progress is inadequate (attach remediation plan)

Research: ____Progress is adequate ____Progress is inadequate (attach remediation plan)

Number of published abstracts at regional/national/international scientific meetings this academic year (attach list): _____

Number of published or submitted manuscripts this academic year: _____ (please submit the references for all published manuscripts)

The committee agrees that the student has completed his/her research and may focus on completing his/her writing: Yes/No

Assessment of Learning Outcomes: Please use the following scale to assess the student's level of achievement in each skill area in the table below: 3-Advanced, 2-Intermediate, 1-Limited, 0-Novice. Note: the skill areas may not apply to all programs and the skill levels are relative for the student's stage in their program of study. Enter N/A if unable to assess the student's level of achievement.

Committee Member	Communication and presentation skills	Quantitative and Qualitative skills	Literature knowledge	Teamwork skills	Intellectual self-confidence
Steketee, Jeffery D					
Cook, George A					
Jones, Byron C					

Committee Members:

_____ **Date:** _____ **Date:**

George A Cook **Byron C Jones**

The student has reviewed the committee report and **agrees** or **does not agree** (circle one) with the conclusion. Student comments should be made on additional pages.

Date printed: 2024-04-29-05:00

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_____ **Date:**	_____ **Date:**
Ashley Dodd (Student)	**Jeffery D Steketee (Advisor)**
_____ **Date:**	_____ **Date:**
Program Director	**Dean**

CGHS address: College of Graduate Health Sciences, The University of Tennessee Health Science Center, 920 Madison, Suite 807, Memphis, TN 38163 Voice: 901-448-5538

Please attach a narrative summary of the Committee discussion and a list of presentations/ publications, if applicable.