

Annual Student Progress Report for  
Amy McKeown Levi



**Date:** \_\_\_\_\_

**Program:** Nursing Science

**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 Ph.D. 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 (i.e., no more experiments for the thesis/dissertation):** 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
Wicks, Mona N					
Tolley, Elizabeth A					
Graff, Joyce Carolyn					
White-Means, Shelley					
Scott, Cathy					
Karlowicz, Karen					

**Committee Members:**

Annual Student Progress Report for  
Amy McKeown Levi (continued)



\_\_\_\_\_ Date:  
**Joyce Carolyn Graff**

\_\_\_\_\_ Date:  
**Elizabeth A Tolley**

\_\_\_\_\_ Date:  
**Karen Karlowicz**

\_\_\_\_\_ Date:  
**Shelley White-Means**

\_\_\_\_\_ Date:  
**Cathy Scott**

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:  
**Amy McKeown Levi (Student)**

\_\_\_\_\_ Date:  
**Mona N Wicks (Advisor)**

\_\_\_\_\_ Date:  
**Program Director**

\_\_\_\_\_ Date:  
**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.**