# Annual Student Progress Report for Jennifer L. Patterson

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

**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:** 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 |
|---|---|---|---|---|---|
| Alexandrov, Anne W | | | | | |
| Alexandrov, Andrei V | | | | | |
| Stanfill, Ansley Grimes | | | | | |
| Tsivgoulis, Georgios | | | | | |
| Brewer, Barbara | | | | | |
| Harvey, Margaret B | | | | | |

## Committee Members:

Date printed: 2024-03-29-05:00

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

_____ **Date:**
**Andrei V Alexandrov**

_____ **Date:**
**Ansley Grimes Stanfill**

_____ **Date:**
**Barbara Brewer**

_____ **Date:**
**Georgios Tsivgoulis**

_____ **Date:**
**Margaret B Harvey**

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:**
**Jennifer L. Patterson (Student)**

_____ **Date:**
**Anne W Alexandrov (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.**