

Annual Student Progress Report for Davina G Ikponmwosa



Date: _____

Program: Health Outcomes and Policy Research

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
Madlock-Brown, Charisse					
Derefinko, Karen					
Reynolds, Rebecca					
Nouer, Simonne S					
Farage, Gregory					

Committee Members:

_____ **Date:**

Karen Derefinko

_____ **Date:**

Simonne S Nouer

_____ **Date:**

Gregory Farage

_____ **Date:**

Rebecca Reynolds

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.

Annual Student Progress Report for
Davina G Ikponmwosa (continued)



_____ Date:
Davina G Ikponmwosa (Student)

_____ Date:
Charisse Madlock-Brown (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.**