

Annual Student Progress Report for
Joseph N Miller



Date: _____

Program: Biomedical Sciences

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
Schuetz, John					
Lu, Yi					
Kundu, Mondira					
Baker, Suzanne J					
Opferman, Joseph T					

Committee Members:

_____ Date:

Suzanne J Baker

_____ Date:

Yi Lu

_____ Date:

Mondira Kundu

_____ Date:

Joseph T Opferman

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
Joseph N Miller (continued)



_____ **Date:**
Joseph N Miller (Student)

_____ **Date:**
John Schuetz (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.**