

Annual Student Progress Report for
John David Snyder



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: _____

Number of published or submitted manuscripts this academic year: _____ (please submit the title and authors 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.

Committee Member	Communication skills	Quantitative literacy	Digital literacy	Teamwork skills	Intellectual self-confidence
Yi, Ae-Kyung					
Marion, Tony N					
Radic, Marko Z					
Yi, Ae-Kyung					
Channappanavar, Rudragouda					
Brand, David					

Committee Members:

Annual Student Progress Report for
John David Snyder (continued)



_____ Date:
David Brand

_____ Date:
Marko Z Radic

_____ Date:
Rudragouda Channappanavar

_____ Date:
Ae-Kyung Yi

_____ Date:
Tony N Marion

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:
John David Snyder (Student)

_____ Date:
Ae-Kyung Yi (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