

Annual Student Progress Report for
Michelle Harrison



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: _____

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
Graff, Joyce Carolyn					
Derefinko, Karen					
Hathaway, Donna K					
Jones, Tamekia L					
Polis, Nikki					
Zhao, Qi					

Committee Members:

Annual Student Progress Report for
Michelle Harrison (continued)



_____ **Date:**
Karen Derefinko

_____ **Date:**
Nikki Polis

_____ **Date:**
Donna K Hathaway

_____ **Date:**
Qi Zhao

_____ **Date:**
Tamekia L Jones

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:**
Michelle Harrison (Student)

_____ **Date:**
Joyce Carolyn Graff (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