

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: 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
Freeman, Kevin					
Glazer, Evan S.					
Makowski, Liza					
Pfeffer, Lawrence M					
Ashbrook, David					

## **Committee Members:**

	Date:		Date:
David Ashbrook		Liza Makowski	
	Date:		Date:
Evan S. Glazer		Lawrence M Pfeffer	

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 Pamela Morgan Watson (continued)



	_ Date:		Date:
Pamela Morgan Watson (Student)		Kevin Freeman (Advisor)	
	Date:		Date:
Program Director		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.