

# Annual Student Progress Report for Swathi Ganesh



**Date:** \_\_\_\_\_

**Program:** Pharmacology

**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 M.S. 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
Scroggs, Reese S					
Herr, Michael J					
Park, Edwards A					

## Committee Members:

\_\_\_\_\_ **Date:**

**Michael J Herr**

\_\_\_\_\_ **Date:**

**Edwards A Park**

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  
Swathi Ganesh (continued)



\_\_\_\_\_  
Swathi Ganesh (Student)

Date:

\_\_\_\_\_  
Reese S Scroggs (Advisor)

Date:

\_\_\_\_\_  
Program Director

Date:

\_\_\_\_\_  
Dean

Date:

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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.**