

Neuroscience Program Form 3
 Report of Supervisory Committee
 Submit to Neuroscience Program office after each committee meeting

Date of Committee meeting: _____

Committee members present: _____

Didactic Work Completed: (please \checkmark or enter #)

- / 3 Neuroscience Program Rotations: NEUSC 6900 (3x)
- Neurophysiology Laboratory: NEUSC 6245
 - Molecular Biology Laboratory: NEUSC 6250
 - Frontiers in Neuroscience: NEUSC 6010
 - Cellular and Molecular Neuroscience: NEUSC 6040
 - Systems Neuroscience: NEUSC 6050
 - Neuroanatomy: NEUSC 6060
 - Developmental Neurobiology: NEUSC 7750
 - Research Ethics: MBIOL 7570
 - Literature Review and Problem Solving: MBIOL 6200
 - Guided Grant Preparation: MBIOL 6300
 - Quantitative Sciences: PSY 5500/5510, PSY 6250, MDCRC 6000, MDCRC 6050 or equivalent
 - Advanced Didactic Training: _____
 - Advanced Didactic Training: _____
 - Advanced Didactic Training: _____

Summary of Progress (Note critical factors such as execution of experimental work, analytical skills, independence, quality of presentations, notable strengths and/or weaknesses). Specify plans to complete coursework. Use additional pages or back if necessary. Note any other factors impacting program of study.

Signature denotes student is making reasonable progress: Signature

(Advisor)	
(Student)	

**NEUROSCIENCE PROGRAM
STUDENT TRACKING AND EVALUATION FORM**

Student Name: _____

Period being evaluated: _____

Year in Program: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ \geq 6th _____

ARE YOU OFFICIALLY CLASSIFIED AS A UTAH RESIDENT BY THE U OF U?: yes _____ no _____

Supported by: Program _____ NP Training Grant _____ Mentor _____ NRSA _____

Other(specify) _____

In an attempt to better advise students, the Program would like each student to complete the following questions that ask you to do some self-evaluation of your professional goals.

1. At the present time, what is(are) your career goal(s)?

2. What strengths do you see yourself having at the present time that provide a good fit with your career plans?

3. What areas do you think you need to develop so that your skills better match your career goals?

4. What are your plans to develop those skills/areas?

5. In what ways can the Neuroscience Program/Mentor help you develop these areas and move toward your career goal(s) in the next 6 months?

Courses taken this past year:

Department	Title/Course number	Hours	Grade
1.			
2.			
3.			
4.			
5.			

Courses to be taken next year:

Department	Title/Course number	Hours
1.		
2.		
3.		
4.		
5.		

Comments on course content, suitability, etc. of courses taken this year: _____

Research this year was: rotation _____ Dissertation/pre-qualifying _____ Dissertation _____

Project title: _____

Project start and end dates: _____ to _____

Seminar Presentation this year? Yes _____ No _____ **Date:** _____

Title: _____

Seminar evaluation received: Yes _____ No _____

Evaluation discussed with mentor: Yes _____ No _____

If you have been advanced to candidacy: Date late dissertation committee meeting held _____

Committee members present: _____

Committee members absent: _____

Manuscripts and Abstracts published this year (give authors (surname and initials), title, journal name, volume, and inclusive page numbers). If submitted, indicate so.

Student Teaching: Yes _____ No _____

Course: _____ **Lecture Title:** _____

Comments on the experience: _____

Was faculty help adequate before delivery? Yes _____ No _____

Was faculty help adequate after delivery? Yes _____ No _____

