

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
- Critical Thinking/Proposal Preparation: MBIOL 6200/6300 (Capstone Exam)
- 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)	

**DATE:** \_\_\_\_\_ **Submission of F-31 grant**

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**NEUROSCIENCE PROGRAM  
STUDENT TRACKING AND EVALUATION FORM**

**Student Name:** \_\_\_\_\_

**Period being evaluated:** \_\_\_\_\_

**Year in Program:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_  $\geq$ 6<sup>th</sup> \_\_\_\_\_

**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 \_\_\_\_\_

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THIS SECTION TO BE COMPLETED BY RESEARCH SUPERVISOR / MENTOR

a. Use and familiarity of literature pertaining to project: \_\_\_\_\_

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b. Design and execution of experimental work: \_\_\_\_\_

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c. Relative use of time in lab and classes: \_\_\_\_\_

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d. Evaluation of research data: \_\_\_\_\_

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e. Record keeping: \_\_\_\_\_

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f. Independence and motivation: \_\_\_\_\_

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g. Overall progress / other comments: \_\_\_\_\_

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STUDENT SIGNATURE:

MENTOR SIGNATURE:



NSCI Program notes and action items (Student advising/main office):

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