



## ANNUAL STUDENT EVALUATION FORM AND PROGRESS REPORT

Pharmaceutical and Pharmacological Sciences Graduate Program

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

**Advisor:** \_\_\_\_\_ **Degree Sought:** \_\_\_\_\_

**Year of Enrollment:** \_\_\_\_\_ **Expected Date of Completion:** \_\_\_\_\_

**A. Admission Requirements:**

1. Was the student admitted conditionally or on probation? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If yes, what were the conditions (i.e., must receive a grade of "B" or better in first 3 core courses, etc.)? Have they been satisfied?  
\_\_\_\_\_  
\_\_\_\_\_

**B. Progress in completion of program requirements: (course work, seminars, teaching, etc.):**

1. Was coursework transferred from another institution? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please add copy of Application for Graduate Credit Transfer form to student's file.
2. Has the student filed a Plan of Study? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, is the student on schedule to file the plan in the recommended time period?  
\_\_\_\_\_  
\_\_\_\_\_
3. Course work completed to date at West Virginia University (complete tables, adjusting the number of rows if needed, and check last column if course is listed on the Plan of Study):

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
TOTAL CREDIT HOURS					

Current Enrollment:

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
TOTAL CREDIT HOURS					

Future Enrollment:

Course Dept	Number	Title	Credit Hours	Grade	Plan of Study
TOTAL CREDIT HOURS					

- a. Any "C" or "D"s in completed courses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many and in which course(s) and is remediation needed?

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- b. Any incomplete ("I") in any courses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is progress towards removing the incomplete?

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2.

Laboratory Rotations:

- a. List laboratories in which rotations were conducted (include the semester/year in which the experience occurred)?

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3. Seminar:

- a. Provide the title of annual seminar(s):

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4. Teaching Experience:

- a. Has the student completed the teaching requirement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, when does the student plan on completing the requirement?

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- b. Brief description of teaching experience requirement approved by committee:

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- c. TA evaluations are attached for current year. Yes \_\_\_\_\_ No \_\_\_\_\_

5. Qualifying Exam:

Students are expected to complete this requirement after all core courses have been taken.

Part I should be taken by the end of the third year; Part II should be completed within 6 months of Part I.

- a. Has the student taken the Qualifying Exam (Part I)? Yes \_\_\_\_\_ No \_\_\_\_\_  
b. Has the student taken the Qualifying Exam (Part II)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, is the student on schedule to take the exam in the recommended time period? If no, why?

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6. Research Proposal:

- a. Has the student passed the research proposal defense? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, is the student on schedule to complete the proposal defense?

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7. Registered for Dissertation Hours?

Yes \_\_\_\_\_ No \_\_\_\_\_

(To be taken **after** passing Oral Exams-**8 credit hours of Dissertation required for Ph.D.**- 4 credit max course, please plan ahead!!)

If no, when do you expect to take these hours? \_\_\_\_\_

8. Graduate Committee for Thesis or Dissertation:

a. Has the student selected a Major Advisor/Chair? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name: \_\_\_\_\_

a. Has the student selected a Graduate Committee? Yes \_\_\_\_\_ No \_\_\_\_\_  
Names: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

**C. Progress in Research:**

1. Has the student completed the publication requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

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2. List Abstracts, Presentations, and Publications this reporting period:

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**D. Miscellaneous:**

1. Awards or honors received this reporting period:

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2. Involvement in PPS/School of Pharmacy/HSC events:

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3. Other comments and information:

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**SUMMARY OF PROGRESS RATE:**    **SATISFACTORY:** \_\_\_\_\_ **UNSATISFACTORY:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

(Note: Signature confirms discussion of performance evaluation, but does not necessarily indicate agreement)

**Mentor's Signature:** \_\_\_\_\_

**GRADUATE COMMITTEE:**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member**

\_\_\_\_\_  
**Committee Member (External)**

**Please attach a current CV.**

This evaluation covers the period from July 1 to June 30. Please complete the form and meet with your mentor and committee to discuss your progress. The completed form, including signatures and attachments, should be submitted to Mr. Brad Rager in the PPS Graduate Program Office (2037 Health Sciences North). In addition, please email an electronic version of the form (minus signatures) to [brager@hsc.wvu.edu](mailto:brager@hsc.wvu.edu).