

CBMC Student Progress Evaluation (Updated Once Per Semester)

NAME: _____ EID: _____

Date Entered the Program (mo/yr):		
Division:		
Major Professor (if known):		
Coursework	Course #/Name	Semester/Year
Adv. Org Chemistry		
Biochemistry		
Molecular Biology		
Medicinal Chemistry		
Elective #1		
Elective #2		
Elective #3		
Elective #4		
Division Seminar		
Division Seminar (if applicable)		
Safety & Compliance (if applicable)		
Certify Med Chem Handbook	NA	
Hazard Communication	OH101	
Laboratory Safety	OH201	
Hazardous Waste Management	OH202	
Biological Safety	OH207	
Fire Extinguisher Training	FF205	
Other Classes/Training (specify)		
Rotations (if applicable)		
Rotation 1		
Rotation 2		
Rotation 3 (if applicable)		
Final Supervising Professor Choice		

Milestones	Date	Committee Members
Qualifying Exam		1
		2
		3
		4
Date Entered Candidacy		NA
Supervising Committee	NA	1

		2
		3
		4
		5
Committee Meeting 1		NA
Committee Meeting 2		NA
Committee Meeting 3		NA
Graduated (Congratulations!)		NA

Accomplishments since last semester (List all posters, papers, presentations, research grant, etc.):

Goals moving forward:

To be completed by Supervisor or Graduate Advisor: (Mark X in field)

Communication Evaluation (annually)	Oral	Written
Distinguished		
Exceeds Expectations		
Meets Expectations		
Expectations Not Achieved		
Cannot Assess		

DGA or Supervisor's signature and date

(COPY of this form must be filed with Char Burke, ADRGS office)