

Annual PhD Student Evaluation/Progress Report

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| Student Name | Enter text. | Program Name | Choose program |
|  |  |  |  |
| ORCID iD | Enter text. | eRA Commons Username | Enter text. |
|  |  |  |  |
| URID | Enter text. | Entering Year | YYYY | Today’s Date | MM/DD/YYYY |
|  |  |  |  |
| Evaluation Period Start Date | MM/DD/YYYY | Evaluation Period End Date | MM/DD/YYYY |

Title of Research Project

|  |
| --- |
| Enter text. |

**INSTRUCTIONS FOR FORM COMPLETION**

***This form should be completed electronically.*** *Please provide information requested from the time you began the graduate program.*

*Student Responsibilities:*

* *Inform your program coordinator of your committee meeting date.*
* *Complete the top portion of this form and sections A-I.*
* *E-mail the completed form to your committee prior to the meeting.*

*Advisor/Committee Responsibilities:*

* *Complete section J of this form,* ***electronically****.*
* *Come to a consensus and finalize the document between the advisor, the committee members and the student.*
* *Within 1 week of the committee meeting, the Advisor emails the* ***complete and final*** *document to the Graduate Program Coordinator and Graduate Program Director. The Graduate Program Coordinator will forward the document via email to the student, all committee members, and to Graduate Education and Postdoctoral Affairs.*
* *Upon receipt of the email, the Graduate Education and Postdoctoral Affairs office assumes that this is the final evaluation and that the advisor, the committee members, and the student agree on the document’s contents.*

*The Advisor is ultimately responsible for the completion and submission of this form on an annual basis.*

**A. RESEARCH ACCOMPLISHMENTS** (*from the time you began the graduate program, in chronological order)*

1. Meetings Attended: Provide names, dates and locations. Please indicate if there was a presentation. If so, provide the title and indicate if it was a poster or oral presentation.

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| --- |
| Enter text.  |

1. Other Seminars/Presentations (include in-house)

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| Enter text. |

1. Papers Published

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| Enter text. |

4.a. Predoctoral Fellowships: Applications

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| Enter text. |

4.b. Predoctoral Fellowships: Awarded

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| Enter text. |

 4.c. Predoctoral Fellowships: Planned

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| Enter text. |

1. Honors/Awards Received

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| Enter text. |

**B. SERVICE AND OTHER ACTIVITIES** (from the time you began the graduate program, in chronological order)

1. Teaching

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| Enter text. |

1. University or Departmental Committees

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| --- |
| Enter text. |

1. Student Activities/Organizations (indicate if you held an office)

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| Enter text. |

1. Clinical/Translational Experiences

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| Enter text. |

1. Other Professional Activities Not Identified Above

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| Enter text. |

1. Other Activities (community, etc.) With Professional Relevance

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| Enter text. |

**C. COURSEWORK**

1. Remaining Required Courses

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| Enter text. |

1. Courses Taken/Workshops Attended (*from the time you began the graduate program, in chronological order)*

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| --- |
| Enter text. |

1. Courses to be Taken Next Year

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| Enter text. |

**D. RESEARCH PROGRESS**

1. Overall Objective of Research Efforts

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| Enter text. |

1. Have the aims of your thesis proposal changed since your last progress report? If so, how?

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| Enter text. |

1. Provide a brief summary of accomplishments prior to the current review period.

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| Enter text. |

1. Provide a report of your research progress for the period covered by this report. Address the aims in your proposal as well as the goals stated in your last report (*1 page maximum*).

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| Enter text. |

**E. GOALS FOR THE NEXT PERIOD (define whether it is a 4-, 6-, or 12-month period and why)**

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| Enter text. |

**F. CAREER GOALS**

1. Current Career Goals

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| Enter text. |

1. Have you started to search for a job/postdoctoral position? If no, when do you anticipate starting this search?

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| Enter text. |

**G. INDIVIDUAL DEVELOPMENT PLAN (IDP) EXPECTATION**

It is expected that all SMD PhD students will create and maintain an IDP. IDPs should be revised and modified on a regular basis, no less than annually. There are many IDP tools available. Students may choose the type of IDP that works best for their needs.

Do you have an up-to-date IDP in place?

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| Choose an item. |

If no, why not? When do you expect to create/update your IDP?

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| Enter text. |

Have you discussed your IDP with your advisor and/or another trusted mentor? You are **strongly encouraged** to share your goals with your advisors and to communicate openly.

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| Choose an item. |

**H. ADDITIONAL STUDENT COMMENTS**

Are there any additional concerns/issues that you would like to discuss with the committee?

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| Enter text. |

**I. COMMITTEE MEETING INFORMATION**

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| Committee Meeting Date: | MM/DD/YYYY |

If no meeting occurred, please explain why.

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| Enter text. |

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| Advisor’s Name:  | Enter text. |
|  |  |
| Committee Member 1 Name:  | Enter text. |
|  |  |
| Committee Member 2 Name:  | Enter text. |
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| Committee Member 3 Name:  | Enter text. |
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| Committee Member 4 Name:  | Enter text. |
|  |  |
| Committee Member 5 Name: | Enter text. |

**J. COMMITTEE REPORT**

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| Is the student making satisfactory progress? | Choose an item. |

Please provide feedback on the student’s progress, strengths and accomplishments. Aspects to address include research efforts and progress, intellectual growth, professional development, quality of the presentation and coursework requirements or suggestions.

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| Enter text. |

Committee recommendations including future plans for research, research goals, suggested changes in the project, specific experimental suggestions, areas in need of improvement, career goals, etc.

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| Enter text. |

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| Should the student meet with the committee at 6 months instead of 1 year? | Choose an item. |
|  |  |
| Anticipated month/year of PhD defense:  | MM/YYYY |
|  |  |
| Please rate the student’s progress for the period covered by this report: | Choose an item. |

**Instructions for Evaluation Submission to the Graduate Education and Postdoctoral Affairs Office:**

* Come to a consensus and finalize document between the advisor, the committee members and the student.
* Within 1 week of the committee meeting, the Advisor emails the **complete and final** document to the Graduate Program Coordinator and the Graduate Program Director. The Graduate Program Coordinator will forward the document via email to:
	1. SMDGradEval@urmc.rochester.edu
	2. All Committee Members
	3. Student
* Upon receipt of the email, the Graduate Education and Postdoctoral Affairs office assumes that this is the final evaluation and that the advisor, the committee members and the student agree on the document’s contents. Thus, the email represents each party’s signature and will be kept with the evaluation in the student file.