



**GRADUATE PROGRAM IN NEUROSCIENCE
ANNUAL STUDENT EVALUATION FORM**

Student: _____ Date: _____

Advisor: _____ Degree Sought: _____

Year of Enrollment: _____ Expected Date of Completion: _____

Previous Semester Enrollment:

Course Dept.	Number	Title	Hours Credit	Grade
TOTAL CREDIT HOURS				

Current Enrollment:

Course Dept.	Number	Title	Hours Credit
OCNS	6980	Dissertation Research	3
TOTAL CREDIT HOURS			

Future Enrollment:

Course Dept.	Number	Title	Hours Credit
OCNS	6980	Dissertation Research	
TOTAL CREDIT HOURS			

Presentations:

How many have been given?

Progress in Research:

List Abstracts, Publications, etc.:

Miscellaneous:

Awards or honors received this academic year:

Other comments:

SUMMARY OF PROGRESS RATE: **SATISFACTORY:** _____ **UNSATISFACTORY:** _____

Student's Signature: _____

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

Mentor's Signature: _____

GEC Committee Chair

OCNS Director

GEC Committee Member

GEC Committee Member

GEC Committee Member

GEC Committee Member

GEC Committee Member

GEC Committee Member