



Oklahoma Center for Neuroscience

GRADUATE PROGRAM IN NEUROSCIENCE ANNUAL STUDENT EVALUATION FORM

Student:

Date:

Advisor:

Degree Sought:

Year of Enrollment:

Expected Date of Completion:

Current Enrollment:

Course Dept.	Number	Title	Hours Credit
OCNS	6980	Dissertation Research	
TOTAL CREDIT HOURS (through current semester)			

Future Enrollment:

Course Dept.	Number	Title	Hours Credit
OCNS	6980	Dissertation Research	
OCNS	6001	Journal Club	
TOTAL CREDIT HOURS (should be = to or >90)			

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