



Oklahoma Center for Neuroscience

## FIRST AND SECOND YEAR STUDENTS ANNUAL EVALUATION FORM

Student:

Date:

Mentor:

Degree Sought:

Year of Enrollment:

Expected Date of Completion:

**Current Enrollment:**

Course Dept.	Number	Title	Hours Credit
<b>TOTAL CREDIT HOURS (up to this point)</b>			

**Future Enrollment:**

Course Dept.	Number	Title	Hours Credit
OCNS	6503	Neurobiology of Disease	3
OCNS	6512	Neuroanatomy	2
PHYO	5012	Basic Neurophysiology	2
OCNS	5411	Neuroscience Methods	1
OCNS	5401	Current Topics in Neuroscience	2
OCNS	6990	Special Studies	
OCNS	5960	Directed Readings	
OCNS	6980	Dissertation Research (< or = 45)	
OCNS	6001	Journal Club (not less than 8)	
<b>TOTAL CREDIT HOURS (should be = to or &gt; 90 )</b>			

**General Examination:**

It is recommended that the student take the General Examination by the middle of the second Spring Semester (after all core courses have been taken).

Has the student taken the General Examination? Yes

No

If yes, what was the overall performance (Written and Oral)?

<b>Written</b>	Pass	Fail
<b>Oral</b>	Pass	Fail

Comments:

If no, is the student on schedule to take the exam in the recommended time period?

**Presentations:**

How many have been given?

**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