

CDB Thesis Committee Approval Request Form

I am willing to serve on _____ 's Advisory Committee
Graduate student name

Committee Member 1: _____
Print Name

CDB Faculty Member signature

Committee Member 2: _____
Print Name

CDB Faculty Member signature

Committee Member 3: _____
Print Name

CDB Tenured Faculty Member signature (may use affiliate)

Committee Member 4: _____
Print Name

Faculty Member outside CDB signature (may use affiliate)

Department

**NOTE: You must have a minimum of two tenured faculty members.
Original sheet to CDB office – give a copy to each committee member for their records.**

**Due in CDB Office, B107 CLSL no later than
5:00 PM on March 1.**

CDB Graduate Student Qualifying Exam and Preliminary Examination Feedback Form

Student Name:

Advisor:

Thesis Committee Members:

Title of Research Project or Preliminary Examination:

PRELIMINARY EXAMINATION ONLY: _____Pass _____Deferred _____Fail

Please comment on the student's level of achievement with respect to the following topics:

- 1. Is the student meeting the CDB graduate degree milestones in a timely fashion?**

- 2. Has the student performed satisfactorily in coursework and does the student use knowledge gained from coursework in design or execution of research?**

- 3. Was the proposal well written and the oral presentation well organized? Were the specific aims clearly defined and the hypotheses clearly stated?**

- 4. Has the student accomplished enough preliminary work to answer questions or concerns regarding the experimental design and methods with confidence?**

- 5. Is the student receiving appropriate and sufficient mentoring to accomplish the proposed project?**

**Cell and Developmental Biology Graduate Student
Annual Review Form**

Name:

Advisor:

Thesis Committee Members:

Title of Thesis or Research:

Estimated Year of Thesis Completion:

Type of Support for this Year (RA, TA, Traineeship):

Titles of Research Presentations/Meetings or Publications/Journal:

**Attach a single spaced research report (see next page) to this page and give to your
advisor for review and signature. Return to CDB office no later than May 15.**

_____ Date _____

Student Signature

I have read the attached annual research report and I believe that the progress of
this CDB graduate student is: _____satisfactory _____unsatisfactory.

Advisor's Comments. Please attach additional sheets if necessary.

_____ Date _____

Advisor Signature

**Cell and Developmental Biology Graduate Student
Annual Research Report Form – Page 2**

Name:

Title of Thesis or Research:

On this page only, please summarize your research accomplishments of this academic year. In addition, if you have any concerns regarding your progress in the CDB Graduate Program, please mention them in a brief paragraph at the end of your research summary.