

Annual Doctoral Supervisory Committee Meeting Report

UW Department of Pharmaceutics Program

Student: _____ **Meeting Date:** _____

Current Progress Outcome: (please check the appropriate box that best reflects the student's research and academic progress since their last Supervisory committee meeting or, if in the end of their 2nd year, since they joined the lab)

	<p>Full Expectations Met or Exceeded --- Student progressed as anticipated or better, and remains on track for on-time graduation</p>
	<p>Partial Expectations Met --- Student made partial progress; there are <u>some</u> concerns about on---time graduation --- Student required to schedule additional Supervisory Committee Meeting in _____ months</p>
	<p>Expectations Not Met --- Student made unsatisfactory progress; there are <u>serious</u> concerns about completion of the doctoral degree --- Student required to schedule additional Supervisory Committee Meeting in _____ months --- The Committee recommends the Student be placed on Academic Probation as of this date: _____</p>

	Time-line for Graduation
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	IDP discussed and suggestions offered (yearly)
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Description of Academic/Research Progress (Please define strengths AND weaknesses. To be completed by Committee)

Other Recommendations (If weaknesses are identified, please recommend remedies. To be completed by Committee)

Committee Members Attending (Chair and 2 additional members required)

Committee Chair Name (print) _____ Signature _____

Committee Member Name (print) _____ Signature _____

Student Signature: _____ Date: _____

Complete this form, including signatures, and return it to the Pharmaceutics Office (Box 357610) within ONE WEEK of the meeting.