

Master's Progress Report

Grade:

Required at end of every semester; Submit with signatures to the BMI office

Name:

Student ID:

Date:

Term/Year:

Student:

Advisor:

Signatures: _____

Thesis Title:

Specific aims:

Committee Members (names and signatures)

1. _____
2. _____
3. (optional) _____

Rate the student's progress on the following parameters of his/her thesis project:

1= exceptional, 2= satisfactory, 3= minimal, 4= no progress

Comments:

Quality of benchwork:

Quantity of benchwork:

Level of understanding of project:

Awareness of the literature:

Work ethic:

Progress on original specific aims:

Others (write in)

Comment on student's strengths or improvements over past semesters:

Comment on student's weaknesses or declines compared to past semesters:

If the student continues at rate of progress, will he/she likely complete the thesis within a total 2 year time frame? ___Probably ___Possibly ___Not likely

I certify that this student has averaged approximately ___ hours per week working in the lab this semester _____ (Advisor)