

**Harrison School of Pharmacy  
Graduate Student  
Academic Progress Annual Report  
2014-2015**

**Cover the Period from June 1, 2014-May 31, 2015**

**You are to complete the form, prepare and/or print the attachments and present it to your committee. Have your research advisor and committee members review and sign the form during your annual committee meeting.**

**Submit the signed form and all attachments to  
Denise Nims  
Assistant to the Associate Dean for Research and Graduate Studies  
on or before August 15 , 2015**

**(Please note that incomplete forms or forms lacking attachments WILL NOT be accepted)**

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**Academic Progress**

**Please attach to this form:**

- 1. A copy of the current plan of study**
- 2. An unofficial transcript**
- 3. Current CV (must follow prescribed format)**
- 4. TA evaluations and annual TA review (if applicable)**

Date:

Student's Name:

Research Advisor(s):

Date Admitted to Program:

Date of Comprehensive Exams:

**(Please indicate the date you completed the written or oral comprehensive exams or date that you plan to take the written or oral comprehensive exams if, these are not yet complete.)**

Written

Oral

**Members of Your Advisory Committee:**

Proposed Dissertation/Thesis Title:

Date of Annual Thesis/Dissertation Committee Meeting:

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Student Signature

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Date

A. WRITTEN REPORT OF STUDENT'S ACADEMIC PROGRESS AND RESEARCH PLAN FOR THE PERIOD OF JUNE 1, 2013-May 31, 2014.

Hypothesis:

Background:

Experiments:

Results:

Conclusions:

Future Plans:

B. WRITTEN REPORT OF RESEARCH ADVISOR AND COMMITTEE COMMENTS REGARDING STUDENT'S ACADEMIC PROGRESS AND RESEARCH PLAN FOR THE PERIOD OF June 1, 2014-May 31, 2015.

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Committee Member Signature

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Date

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Committee Member Signature

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Committee Member Signature

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Committee Member Signature

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Date

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Committee Member Signature

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Date

Work for the year is incomplete until this report has been approved by the Research Advisor, signed by all constituents listed above and submitted to the Associate Dean for Research and Graduate Studies.

***APPROVAL OF RESEARCH ADVISOR:***

***APPROVAL OF DEPARTMENT HEAD:***

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Drug Discovery and Development  
Department Head Signature

\_\_\_\_\_  
Date