

Harrison School of Pharmacy
Health Outcomes Research and Policy
Academic Progress Annual Report
Deadline September 30

To be completed by the student
Detailing progress over the previous academic year (Fall to Summer)

Date

Your name

Program enrolled _____ Master's program
(check one) _____ Doctoral program

Thesis/dissertation
advisor

Date admitted to
the program

Current cumulative
GPA

Number of credits
below B (including
an incomplete)

Date (or expected
date) of plan of
study submission

Number of remaining
required courses
indicated in the
plan of study

Date (or expected
date) of
comprehensive exam
(Doctoral students
only)

Date (or expected
date) of
thesis/dissertation
proposal approval

Date (or expected
date) of final
thesis/dissertation
defense

Thesis/Dissertation Committee:

Please describe the following information:

Goals:

1. Professional goal statement. Please consider including both academic and career goals

2. Goals for the next academic year

Accomplishments:

For questions 3-5, please organize your works in chronological order with complete titles, authors and citation.

3. All manuscripts published or submitted to peer reviewed journals in the previous academic year.

4. All abstracts/presentations at conferences in the previous academic year.

5. Grants for research and travel (list full name of the grant, funding agency, date, and amount of grant in the previous academic year)

Applied For:

Received:

6. Awards and honors received in the previous academic year.

Activities:

7. Scientific meetings attended (list complete name and date(s) of meeting(s) in the previous academic year)
8. Research project(s) that you actively participate in (not including your own thesis/dissertation; list full name of research projects and faculty supervisors)

9. Participation in professional (PharmD) curriculum (list courses taught and/or assisted in the previous academic year)

10. Other professional/research activities in the previous academic year

Comments:

11. Briefly comment on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty and which areas you would like to make an improvement.

12. Briefly address any barriers/challenges that hinder your progress in the program and your future plan to address them.

1. Has the student made satisfactory progress during the current academic year? Please comment below.

3. Please comment on any barriers/challenges impeding the progress and plans to address them.

Student Your signature below indicates that you have discussed the contents of this progress report with your major advisor.

Student _____ Date _____

Major Advisor Your signature below indicates that you have discussed the contents of this progress report with the student.

Major Advisor _____ Date _____

Dept Head _____ Date _____

When both the major advisor and student have reviewed and signed this progress report, copies of the report should be given to the student and the major advisor. The original progress report should be placed in the student's file in the department. Students who wish to appeal any part of the major advisor's evaluation may do so in writing to the department head.