## *Cell and Molecular Biology Graduate GroupThesis Committee Meeting Evaluation*

*This form must be completed after each thesis committee meeting and returned to the CAMB office signed by the*

*Thesis Committee Chair. Please refer to the* [*Thesis Committee Responsibilities and Expectations Document*](http://www.med.upenn.edu/camb/user_docs/CAMBThesisCommitteeResponsibilities3.15.17.pdf)

*Please remind committee: Respect student confidentiality on mentorship concerns. If such concerns are raised without the thesis advisor present, do not share with the mentor. With student permission, bring concerns to program chair and/or graduate group chair.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Student’s Name:* | *Year:* | *CAMB Program:* | *Advisor:* | *Committee Chair:* | *Committee members:* |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| *Meeting Date:* |  |

*PhD* [ ]  *MD/PhD* [ ]  *VMD/PhD* [ ]

*A brief progress report must be sent to the committee and CAMB office one week prior to the meeting.*

**Rank the student’s performance in each of the following areas:**

1(excellent) 2(very good) 3(good) 4(poor) 5(unsatisfactory)

|  |  |
| --- | --- |
| Written progress report |  |
| Oral presentation |  |
| Project design |  |
| Productivity (for stage of training) |  |
| Data quality |  |
| Ability to interpret data |  |
| Grasp of literature |  |
| Clarity of future plans |  |

**Briefly summarize the project – what are the major questions and approaches?**

**Describe the progress since the last meeting.**

 a. Is the Committee satisfied with the student's progress? Yes [ ]  No [ ]

b. If not, then why not? If progress has been insufficient, what steps need to be taken to rectify the problem?

**List the Committee’s recommendations regarding the tasks/goals to be completed before the next meeting.**

**Describe the status of publications. Is it expected that a first-author paper will be submitted within the next 12 months?**

**Were postgraduate career plans discussed (for 4th year and later students)?** **Yes** [ ]  **No** [ ]

*Comments*

**Please summarize any other concerns below. If no concerns, write “none”.**

**When should the next committee meeting take place?**

*Please use additional space/and or pages as needed*

**Additional Requirements**

[**Lab notebooks**](https://www.med.upenn.edu/bgs-rcr-exdes/case-study-module-1.html)**:**

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 **Were the student’s notebooks reviewed?  *Yes*** [ ]  ***No*** [ ]

**Are they in an appropriate format?  *Yes*** [ ]  ***No*** [ ]

**Were improvements suggested by the committee?  *Yes*** [ ]  ***No*** [ ]

[**RCR/SRR Requirements:**](https://www.med.upenn.edu/bgs-rcr-exdes/)

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**During the past year did the student participate in at least one RCR-focused lab meeting?  *Yes*** [ ]  ***No*** [ ]

**And at least one SRR-focused lab meeting?  *Yes*** [ ]  ***No*** [ ]

**Did the student address required aspects of Scientific Rigor and Reproducibility in the progress report and presentation to the committee, including relevant Biological Variable (sex, age, weight, health conditions, etc) and Authentication of Key Resources (cell lines, specialty chemicals, antibodies and biologics) that had not been addressed in previous thesis committee meetings?  *Yes*** [ ]  ***No*** [ ]

[**IDP**](https://www.med.upenn.edu/bgs/idp.shtml)

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**Did the Student complete an IDP, inclusive of a meeting with the mentor to discuss, in the past year? *Yes*** [ ]  ***No*** [ ]

**Signature of thesis committee chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DK rev 5.18.23