| **Student Name:** | | | **Date of Meeting:** | |
| --- | --- | --- | --- | --- |
| ***Members of the Committee on Studies (list Chairperson first)*** | | | | |
| **Name:** | **Title:** | **Department** | | **Signature** |
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|  |  |  | |  |
| **Were all members present? Yes  No  If not, list those absent:** | | | | |
| **Name:** | **Title:** | **Department** | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
| **Annual Activities and Accomplishment Report Reviewed? Yes  No** | | | | |
| ***Student’s Academic Progress Since the Last Meeting (If currently enrolled in coursework or reporting on qualifying or comprehensive exams progress)*** | | | | |
| **Course Name or Exam Name** | | **Evaluation:** | | |
|  | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
|  | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
|  | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
|  | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
|  | | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | | |

| **Student Name:** | | **Date of Meeting:** | |
| --- | --- | --- | --- |
| ***Student’s Research Progress Since Last Meeting*** | | | |
| Please rate the student’s performance on each of the following areas (add comments below each evaluation): | | | |
| Application of background knowledge base to the relevant research topic | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comprehension of the relevant literature | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Technical execution/research skills | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Interpreting and analyzing data/troubleshooting | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Using good research practices (i.e., proper safety, etiquette) | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Presentation of research results (oral/written) | Deficient Acceptable Excellent  Insufficient data to evaluate N/A | | |
| Comments: | | | |
| ***Student Learning Outcomes*** | | | |
| The following BSGP Student Learning Outcomes (SLOs) are foundational to the BSGP. Select the student’s level for each skill set, with **1 being the lowest level and 5 being the highest**, and describe in each comment section below. | | | |
| Competent, skilled experimentalist | 1 2 3  4 5 | | |
| Problem solver | 1 2 3  4 5 | | |
| Critical and independent thinker | 1 2 3  4 5 | | |
| Expert in the field with both depth and breadth of knowledge | 1 2 3  4 5 | | |
| Excellent communicator | 1 2 3  4 5 | | |
| Exemplar of high ethical standards | 1 2 3  4 5 | | |
| Collaborator and team player | 1 2 3  4 5 | | |
| Comments: | | | |
| ***Concentration and Certificate Programs*** | | | |
| If applicable, what is your concentration? | | |  |
| Is the student making sufficient progress towards completing concentration requirements? | | | Yes  No |
| Are you enrolled in the Certificate in University Science Teaching program? | | | Yes  No |
| Is the student making sufficient progress towards completing the certificate program? | | | Yes  No |
| Comments: | | | |
| ***Goals & Objectives for Next Meeting*** | | | |
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|  | | | |
| **Date of Next Meeting:** | | | |
| ***Additional Comments*** | | | |
|  | | | |
| ***Mentor Signature: Date:*** | | | |
| ***Student Signature: Date:*** | | | |
| I have read this report and I agree  disagree | | | |
| If the student does not agree, please comment to substantiate the disagreement: | | | |