Neuroscience Training Program
Advisory Committee Report

Name of Student: ___________________________  Major Professor: ___________________________

Date of Committee Meeting: ___________  Date of Report: ___________

Names of Committee Members Present: ______________________________________________________

_____________________________________________________________________________________

Names of Committee Members Absent: ______________________________________________________

Brief Description of Student's Progress Since Previous Report. Comment as appropriate on:
A. Activities Outside the Laboratory (e.g. attendance at Monday afternoon seminars,
participation/performance in subgroups etc.)

B. Research Activities (e.g. participation in lab meetings, discussion/involvement with research,
independence, initiative, research progress, etc.)

Summary Evaluation:
Progress is:  A. Satisfactory_____  B. Marginal_____  C. Unsatisfactory_____

If B or C, Please Comment:

Recommendations:

Signature of Major Professor: _____________________________________________________________

Signature of Student: _________________________________________________________________

Please return to Program Administrator, 7225 Medical Sciences Center
# Neuroscience Training Program Student Progress

**13-Aug-02**

<table>
<thead>
<tr>
<th><strong>First Name:</strong></th>
<th>Joe</th>
<th><strong>Last Name:</strong></th>
<th>Student</th>
<th><strong>Year Entered:</strong></th>
<th>9/1/99</th>
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**Major Professor:** Professor | **Committee Members:** Benca, Kelley, Landry, Robertson, Roseboom

| **Last Committee Meeting:** | 9/18/01 | **Fall 01** | **Dissertator:** | 2/01 |

| **Certification Form I:** | Yes | **Certification Form II:** | Yes | **Certification Form III:** | No |

| **Research Presentation:** | F/01 | **Teaching Requirement:** | Su 00 & 02 PEOPLE |

| **Midlevel Requirement:** | 2/00 |

| **Molecular/Cellular Course:** | 2/00, Neurosci 625 | **Systems/Behavior Course:** | 2/00, Neurosci 630 |

**Prerequisites:** ok

Certification Form I should be completed at the first Advisory Committee meeting. It is a record of courses that the student and the Advisory Committee agree should be completed by the student. This form needs to be filed in the Program Office before a Warrant for the Preliminary Exam can be issued.

Certification Form II should be completed following the Preliminary Exam. It is a record of the Preliminary Exam.

Certification Form III should be completed before the Dissertation is defended. Forms II and III need to be filed in the Program Office before the Final Oral Committee Approval Form will be signed by the chair.

The Seminar Presentation of the Thesis Proposal should be completed following the successful completion of the Preliminary Examination. Please contact the Program Office for available dates.

The Program requires that each student teach for one semester. The teaching requirement can be completed following the Preliminary Examination and must be completed by the Dissertation Defense.

The Mid-Level Course Requirement can be met by taking one course from each of two categories. All course requirements must be completed before the Preliminary Examination.

Prerequisites are any courses required for admission to the Program that were not completed before admission. These courses must be taken or be in progress the semester the Preliminary Examination is completed.
NEUROSCIENCE TRAINING PROGRAM
Certification for the Ph.D. Degree and Training Record

PART I

NAME

CERTIFICATION

Date admitted to the Program:

Major Professor:

Advisory committee (five or more faculty members, including the major professor, collectively representing at least three distinct areas of specialization within neuroscience):

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Area</th>
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<tbody>
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<tr>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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Program Course Requirements:

The overall course sequence should be reviewed to ensure that appropriate training in quantitative methods (e.g. statistics and/or computer science) is included.

<table>
<thead>
<tr>
<th>UW Courses, Title and Number</th>
<th>Credits</th>
</tr>
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<tbody>
<tr>
<td>First Year Courses:</td>
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<table>
<thead>
<tr>
<th>UW Courses, Title and Number</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Mid-Level Courses:</td>
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<tr>
<td>(2 courses from 2 areas in Neuroscience)</td>
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<table>
<thead>
<tr>
<th>UW Courses, Title and Number</th>
<th>Credits</th>
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<tr>
<td>Quantitative Methods:</td>
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</table>
Advanced Courses:

The above course of study was accepted on ____________________________.

date

Signatures: __________________________   ______________________________
            Student                     Major Professor

Committee Signatures: _____________________________________________

_____________________________________________

_____________________________________________

_____________________________________________

_____________________________________________

_____________________________________________________________________

Additional Signatures (if applicable)

Please return completed form to the Program Office, 7225 Medical Sciences Center.
NAME

A. PRELIMINARY EXAMINATION

1. Outside-area Paper.
   Title of Paper:

   Brief description of topic covered:
2. **Thesis Proposal.**

Title of proposal:

Brief description of proposed dissertation research:

Date outside-area paper and proposal accepted:

Committee Signatures: _________________________________(Major Professor)

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________
NEUROSCIENCE TRAINING PROGRAM
Certification for the Ph.D. Degree and Training Record

PART III

NAME

A. **TEACHING**
Each student must teach at least one full semester in a substantial neuroscience or related course.

<table>
<thead>
<tr>
<th>Course(s) Taught</th>
<th>Credit Hours</th>
<th>Responsibility</th>
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</table>

B. **RESEARCH PRESENTATIONS**
Each student will make an informal presentation of his/her thesis proposal in the Neuroscience Seminar.

Date of presentation:

Title of presentation:

C. **DISSERTATION MEETING**

Date of agreement on style and content of written dissertation:

Expected date for thesis defense:

Committee Signatures: ___________________________________________(Major Professor)

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