

Thesis Advisory Committee (TAC) Evaluation**BASIC SCIENCES**

Important: This fillable PDF must be used with Adobe Reader; it will not work correctly if you use Preview. Adobe Reader may be downloaded from the internet free of charge.

Instructions: Students are to complete pages 1 and 2 of this form and e-mail them together with their Thesis Committee Report to their Thesis Committee Chairs one week before the meeting. Committee Chairs complete the rest of the form at the committee meeting or soon after it, and all members indicate their agreement by entering their names on the Signature lines at the end of the form. The completed form must be sent electronically to the student and the GSBS Registrar (gsbs-registrar@tufts.edu) within 10 days of the meeting.

TO BE COMPLETED BY THE STUDENT

Student Name _____ Thesis Advisor _____

Meeting Date _____ Year in School _____

Previous Meeting Date _____

Thesis Advisory Committee Members:

Chair _____

Member _____

Member _____

Member _____

Clinical Advisor (if applicable) _____

TO BE COMPLETED BY THE STUDENT

1. Once a year, students are required to complete the *Training and Career Goals Progress Report* document and submit it with their Thesis Reports to their Thesis Committees.

Is this document included for this Committee Meeting?

Yes ☐ No ☐

2. Summary of research progress since the last report and response(s) to the last meeting's goals and specific committee suggestions.

Include manuscripts submitted, reviewed, or accepted (title, authors, journal) and meeting presentations (title, authors, meeting, form of presentation). Do not copy your entire Thesis Report here or write "See Attached." Rather, please provide a summary in the space below.

Summary of research, continued from previous page

3. Summary of Clinical Activities (if applicable)

4. Summary of research plans

Note: Include expected publications and meeting attendance.

TO BE COMPLETED BY THE THESIS COMMITTEE CHAIR

1. Summary of specific goals to be met by next meeting:

2. Overall assessment:

3. Is the student in a special track? Yes ☐ No ☐

If yes, describe progress and goals for the track-specific elements of the thesis work.

Evaluate the student's performance in each of the following areas using the rating scale below:

Meets Expectations (M) or Does Not Meet Expectations (DNM)

	Rating	Comments
Written progress report		
Oral presentation		
Project design		
Productivity (for stage of training)		
Data quality & quantity		
Ability to interpret data		
Grasp of literature		
Professional Conduct		

Clarity of future plans		
Additional Concerns (if applicable):		

4. Did you discuss the *Training and Career Goals Progress Report* document at this meeting? Yes ☐ No ☐
- a. If no, when did you last review the document with the student? _____
- b. What actions should the student take to work toward his or her career goals?
5. Recommended approximate date for next meeting: _____

Please check a letter grade for students in **Pharmacology & Experimental Therapeutics**.

A-F Scale: A ☐ A- ☐ B+ ☐ B ☐ B- ☐ C+ or less ☐

Please check a Satisfactory or Unsatisfactory grade for students in **CMDB, Genetics, Immunology, Molecular Microbiology, and Neuroscience**.

Satisfactory/Unsatisfactory Scale: S ☐ U ☐

THIS SECTION FOR 3RD RESEARCH YEAR AND ABOVE:

1. Is the student on a plausible track towards completion? Yes ☐ No ☐

Comments:

2. Has the student completed most or all experiments and does he or she have permission to defend his or her thesis? Yes ☐ No ☐

If yes, the student's tentative defense date is _____.

Note: The thesis defense must occur within 3 months of this meeting.

3. What actions should the student take to prepare for post-graduate training or employment?

THESIS ADVISORY COMMITTEE MEMBERS' SIGNATURES:

By my signature, I confirm that this evaluation has my approval.

(Type in your names below or affix an electronic signature.)

Committee Chair: _____

Member: _____

Member: _____

Member: _____

Faculty Advisor: _____