

## 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

please provide a summary in the space below.

Student Name	Thesis Advisor
Meeting Date	Year in School
Previous Meeting Date	
Thesis Advisory Committee Members:	
Chair	
Member	
Member	
Clinical Advisor (if applicable)	
TO BE COMPLETED BY THE STUDENT	
1. Once a year, students are required to complete the <i>Tr</i> document and submit it with their Thesis Reports to	e i
Is this document included for this Committee Meetin	g? Yes No
Summary of research progress since the last report an committee suggestions.      Include manuscripts submitted regioned or generate.	d response(s) to the last meeting's goals and specific  d (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,



## 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		

C	larity of future plans								
Δ	Additional Canagema (if applicable):								
	Additional Concerns (if applicable):								
4.	4. Did you discuss the <i>Training and Career Goals Progress Report</i> 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:								
Ple	ase check a letter grade for students in Pharmacology & Experimental Therapeutics.								
<b>A</b> -l	F Scale: A B+ B B- C+ or less								
Ple	ease check a Satisfactory or Unsatisfactory grade for students in CMDB, Genetics, Immunology, Molecular								
	crobiology, and Neuroscience.								
Sa	tisfactory/Unsatisfactory Scale: S U								
TH	IIS SECTION FOR 3 <sup>RD</sup> 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 Yes No permission to defend his or her thesis?								
	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?								
TH	IESIS ADVISORY COMMITTEE MEMBERS' SIGNATURES:								
Ву	my signature, I confirm that this evaluation has my approval.								
	pe in your names below or affix an electronic signature.)								
	mmittee Chair:								
	ember:								

Member:			
Member:			
Faculty Adv	icor:		