

**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