



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



Student Name:	Date of 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 <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Comprehension of the relevant literature	Deficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Technical execution/research skills	Deficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Interpreting and analyzing data/troubleshooting	Deficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Using good research practices (i.e., proper safety, etiquette)	Deficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Presentation of research results (oral/written)	Deficient <input type="checkbox"/> Acceptable <input type="checkbox"/> Excellent <input type="checkbox"/> Insufficient data to evaluate <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	
<i>Student Learning Outcomes</i>	
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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Problem solver	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Critical and independent thinker	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Expert in the field with both depth and breadth of knowledge	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Excellent communicator	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Exemplar of high ethical standards	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Collaborator and team player	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Comments:	



Student Name:		Date of Meeting:	
<i>Concentration and Certificate Programs</i>			
If applicable, what is your concentration?			
Is the student making sufficient progress towards completing concentration requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you enrolled in the Certificate in University Science Teaching program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the student making sufficient progress towards completing the certificate program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			
<i>Goals & Objectives for Next Meeting</i>			
1.			
2.			
3.			
4.			
Date of Next Meeting:			
<i>Additional Comments</i>			
<i>COS Chair Signature:</i>		<i>Date:</i>	
<i>Research Advisor Signature:</i>		<i>Date:</i>	
<i>Student Signature:</i>		<i>Date:</i>	
I have read this report and I agree <input type="checkbox"/> disagree <input type="checkbox"/>			
If the student does not agree, please comment to substantiate the disagreement:			