

**UF College of Pharmacy - Office of Graduate Programs  
Supervisory Committee Meeting Report**

*This form should be completed to document the graduate student's progress in the program and submitted to [GraduateStudents@cop.ufl.edu](mailto:GraduateStudents@cop.ufl.edu) within **two weeks** of the committee meeting.*

**Page 1 to be completed by the Student**

Student Name:

UFID:

Department:

Meeting Date:

Research Title:

Have you completed an IDP within the past year?

Yes

No

Has the committee reviewed and discussed your most recent IDP with you?

Yes

No

Is your supervisory committee correct in GIMS?

Yes

No

***Have you taken your Qualifying Exam? If yes, when? If no, provide the scheduled/anticipated date.***

Date of Qualifying Exam:

Result, if applicable:

Pass

Fail

***Have you scheduled your Final Defense Exam?***

Date of Final Defense:

Result, if applicable:

Pass

Fail

***In the previous year, have you submitted any manuscripts or documents for publishing (as a lead or co-author)? If so, please include that information below:***

***In the previous year, have you presented in any conferences? If so, please include that information below (date, location, conference name):***

**Pages 2 & 3 to be completed by the Supervisory Committee**

***Please indicate the student's proficiency in the following areas:***

	Below Expectations	Meets Expectations	Exceeds Expectations	N/A
Grasp of project concepts and literature				
Creativity and independence in study design, execution, troubleshooting				
Writing skills and maintenance of data/ lab notes				
Oral presentation skills				
Initiative, work ethic, professionalism				
Supervision of another's work (i.e. undergrad volunteer, intern, etc.)				

**Required: Summarize the student's progress since the previous committee meeting:**

**Required: Provide goals for future progress:**

**Overall Progress:**

**Date of Next Target Meeting:**

***We, the undersigned, have met and discussed the progress as listed on this meeting report.***

Student:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

External Member

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any members of the committee that were NOT present at this meeting and why:

Please list any additional attendees at this committee faculty meeting:

***Submit completed and signed form to [GraduateStudents@cop.ufl.edu](mailto:GraduateStudents@cop.ufl.edu) within two weeks of the meeting date.***