Master’s Progress Report
Required at ends of every semester; Submit with signatures to BMB office

Name:
Student ID:
Date:
Term/Year:
Student: ____________________________ Advisor: ____________________________
Signatures:

Thesis Title:

Specific aims:

Committee Members (names and signatures)
1. ____________________________ 2. ____________________________ 3. ____________________________

Rate the student’s progress on the following parameters of his/her thesis project:
1= exceptional, 2= satisfactory, 3= minimal, 4= no progress

Comments:
Quality of benchwork:
Quantity of benchwork:
Level of understanding of project:
Awareness of the literature:
Work ethic:
Progress on original specific aims:
Others (write in)

Comment on student’s strengths or improvements over past semesters:

Comment on student’s weaknesses or declines compared to past semesters:
If the student continues at rate of progress, will he/she likely complete the thesis within a total 2 year time frame? ___Probably ____Possibly ____Not likely

I certify that this student has averaged approximately ___ hours per week working in the lab this semester ______________________ (Advisor)