**Graduate Program in Molecular and Cellular Pharmacology**

Thesis Proposal Defense

Student Name: Click here to enter text.

Exam date: Click here to enter a date.

**Thesis proposal committee**:

Click here to enter text. (Chair)

Click here to enter text.

Click here to enter text.

**Quality of written proposal**

[ ] Poor [ ] Below average [ ] Average [ ] High [ ] Outstanding

**Comments on written proposal**

**Quality of oral defense**

[ ] Poor [ ] Below average [ ] Average [ ] High [ ] Outstanding

**Comments on oral defense**

**Comments on experimental design**

**Please check to confirm that the committee discussed career development with the student** [ ]

**Did the student generate an IDP?** [ ] Yes [ ] No

**Does the committee recommend advancement?**  [ ] Yes [ ] No

**When should the committee meet again?** [ ] 3 months [ ] 6 months [ ] 12 months

**Additional recommendations**