

**ANNUAL PROGRESS REPORT
NEUROSCIENCE GRADUATE PROGRAM**

Part A: Student information (to be completed by student)

Name: _____

Date of last APR meeting: _____

Date of this APR meeting: _____

If circumstances have interrupted or delayed normal progress towards degree completion at any point (e.g., family or medical leave, switching labs or degree programs, etc.), provide a brief explanation (including when and for how long):

Part B: Committee evaluation (to be completed by committee chair)

(Note: in NGP, the committee chair is NOT the student's mentor.)

Summarize the student's research and academic progress during the past academic year:

Part C: Committee

Signature

Mentor: _____

Committee chair: _____

Outside Member: _____

Additional member(s) : _____

Additional member(s) : _____

Part D: Review and signature of program director: _____