Graduate Program in Pharmacology and Toxicology
Annual Progress Checklist

Student's Name _____ ID# _____
Student's Current Address: _____ Phone# & E-mail: _____
Student's Lab Address: _____ Lab Phone #:_____
Faculty Advisor _____

Quarters you were registered: ❑ Fall ❑ Winter ❑ Spring 200__
Year you completed: PTX Core Courses ___ Rotations____ Written ____ Oral_____

Instructions: Please indicate which program requirements you satisfied ***this*** year. Student and faculty advisor *must* sign the form. Return to the Graduate Program Manager in the Department of Environmental Toxicology.

PTX Core: ❑ PTX 201 ❑ PTX 202 ❑ PTX 203

PTX Seminar:
❑ PTX 290 (Meet the faculty)
❑ PTX 290 (Seminar or Careers in PTX)
❑ PTX 290 (How to write a research proposal)
❑ PTX 290 (Qualifying Exam Preparation)
❑ Other (Please specify): _____
Did you *give* a seminar this year: ❑ Yes ❑ No Which quarter? _____

Lab Rotation: ❑ First ❑ Second Whose lab? _____
❑ Third ❑ Fourth _____

Admission Prerequisite Requirements
❑ Biochemistry (*specify which course*) _____
❑ Biochem. Lab (*specify which course*) _____
❑ Physiology (*specify which course*) _____
❑ Other (*specify which course*) _____
❑ Waiver of Requirement _____
(You *must* enclose written justification from your Advisor or Major Professor)

Teaching Assistant Requirement (*specify which course*) _____

Electives in Pharmacology and Toxicology (*specify which course*) _____

Breadth Requirement (*specify which course*) _____

This Year Were You On:
Filing Fee Status? ❑ Yes ❑ No
PELP? ❑ Yes ❑ No
Which quarter(s) ❑ Fall ❑ Winter ❑ Spring

Dissertation committee ***must*** meet once a year. Chair and members of the dissertation committee must initial below indicating that they have met the requirement to meet once per year.
Initials: Dissertation Committee Chair: _____.
Member _____.
Member _____.

Date Major Professor's Initials
Student's progress is: _____ Satisfactory _____ Marginal _____ Unsatisfactory

_____ _____ _____
Student's Signature Advisor's Signature Major Professor's Signature