DYNS Doctoral Student Annual Progress Report for <academic year>

Student: ________________________________ Perm #: __________ Degree Start Date: __________
Date: _______ Expected Grad Date: __________ Faculty Advisor: ________________________________

The goal of this annual progress report is to identify what has been accomplished this year and what degree milestones you plan to complete the next year. This information is necessary so that you can receive appropriate advisement, to document progress, and to provide documentation for external program reviews (if applicable).

Please attach any of the following relevant to your progress: Dept. course checklist, curriculum vitae, unofficial transcript, research, teaching review, self-evaluation and future academic goals.

Progress – Requirements and Milestones

<table>
<thead>
<tr>
<th>Course #</th>
<th>Description</th>
<th>Grade</th>
<th>Date, or expected date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECE 230A /ME 243A</td>
<td>Linear Systems I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH 214A</td>
<td>Ordinary Differential Equations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 265</td>
<td>Computational Neuroscience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 269 or MCDB 251</td>
<td>Neuroanatomy or Neurobiology I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ELECTIVE UNITS (minimum of 16 additional units, refer to list of approved courses)

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Fall Quarter/Grade</th>
<th>Winter Quarter/Grade</th>
<th>Spring Quarter/Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>DYNS 592/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MILESTONES and Dates

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Fall Quarter/Grade</th>
<th>Winter Quarter/Grade</th>
<th>Spring Quarter/Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>TA Training</td>
<td>Research Proposal</td>
<td></td>
<td>592 presentation</td>
</tr>
<tr>
<td>Form 1 PhD Committee</td>
<td>Written Exam</td>
<td>Oral Exam</td>
<td></td>
</tr>
<tr>
<td>Form 2 Advance to Candidacy</td>
<td>Dissertation Proposal</td>
<td></td>
<td>Form 3 PhD Defense</td>
</tr>
</tbody>
</table>

Qualifying Exam Committee: 
Chair ________________________________
Member ________________________________
Member ________________________________
Additional ________________________________

Dissertation Committee: 
Chair ________________________________
Member ________________________________
Member ________________________________
Additional ________________________________

Yearly Progress Assessments -- Summary

Version DYNS 6/2016
Year 1
Overall Assessment

Strengths

Areas for improvement (include specific description of area for improvement, steps needed to improve and expected timeline for completion of required steps)

By signing this form, you confirm that you have discussed this review in detail with the faculty member reviewing your progress.

Student signature: ___________________________ Date: ______________________

Faculty Signature: ___________________________ Date: ______________________

Year 2
Overall Assessment

Strengths

Areas for improvement (include specific description of area for improvement, steps needed to improve and expected timeline for completion of required steps)

By signing this form, you confirm that you have discussed this review in detail with the faculty member reviewing your progress.

Student signature: ___________________________ Date: ______________________

Faculty Signature: ___________________________ Date: ______________________

Year 3
Overall Assessment

Strengths

Areas for improvement (include specific description of area for improvement, steps needed to improve and expected timeline for completion of required steps)

By signing this form, you confirm that you have discussed this review in detail with the faculty member reviewing your progress.

Student signature: ___________________________ Date: ______________________

Faculty Signature: ___________________________ Date: ______________________
**Year 4**
Overall Assessment

Strengths

Areas for improvement (include specific description of area for improvement, steps needed to improve and expected timeline for completion of required steps)

By signing this form, you confirm that you have discussed this review in detail with the faculty member reviewing your progress.

Student signature: ________________________________ Date: __________________

Faculty Signature: ________________________________ Date: __________________

**Year 5**
Overall Assessment

Strengths

Areas for improvement (include specific description of area for improvement, steps needed to improve and expected timeline for completion of required steps)

By signing this form, you confirm that you have discussed this review in detail with the faculty member reviewing your progress.

Student signature: ________________________________ Date: __________________

Faculty Signature: ________________________________ Date: __________________

**Year 6**
Overall Assessment

Strengths

Areas for improvement (include specific description of area for improvement, steps needed to improve and expected timeline for completion of required steps)

By signing this form, you confirm that you have discussed this review in detail with the faculty member reviewing your progress.

Student signature: ________________________________ Date: __________________

Faculty Signature: ________________________________ Date: __________________