**MOLECULAR MEDICINE Ph.D. PROGRAM**

**Post-Candidacy Committee Meeting Record and Individual Development Plan**

To monitor satisfactory progress of our students in the Molecular Medicine Program, **ALL post-candidacy students should meet with their Thesis Committee every 6 months.** We are committed to providing a strong training environment for all predoctoral trainees. Regular committee meetings, which include the setting and evaluation of research and career development goals, are an important part of the progression process. Students should use this form to record accomplishments and refer to it often to remain on track. It is designed for students to update as progress is made. Although new approval signatures and comments will be required after each meeting, this form should contain a cumulative record of student progress. Save it and update it! ***Committee members should thoroughly review the IDP Plan and the research progress before signing off.***

**Student**:      **Program Entry Date:**        
**Mentor**:       **Date of Qualifying Exam:**        
**Track:** **Thesis Proposal Date:**

Cancer Biology  **MMED Seminar Date:**

Genome Biology

Molecular & Cellular Physiology & Pharmacology

**Meeting Date**:       **I have reviewed my IDP with my mentor and committee.** yes  no

**Date of last committee meeting**:       **Is this the final Committee Meeting before Defense?**  yes  no

**Committee Member Approval**

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| --- | --- | --- |
| Member names | Member signatures | ***\*Initial and date here when student has been given permission to write up thesis and schedule defense.*** |
| Chair: |  |  |
| Member 1: |  |  |
| Member 2: |  |  |
| Member 3: |  |  |
| Member 4: |  |  |
| Member 5: |  |  |
| External member: |  |  |

**\***If approved to defend, please refer to the [Progression Timeline](http://lifesciences.umaryland.edu/media/SOM/Microsites/GPILS/molecularmedicine/Documents/Progression-Timeline.pdf) and [Pre-Graduation Checklist](http://lifesciences.umaryland.edu/media/SOM/Microsites/GPILS/molecularmedicine/Documents/Graduation-Checklist-.pdf) for further instructions.

**Anticipated Dissertation Defense Date**:

**Research Progress:** *Comments should address student research progress (or lack thereof) in terms of goals and accomplishments and provide specific research directives with benchmarks to be met by the next meeting. Attach extra pages as needed.*

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**Program Approval**

Track Leader’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOLECULAR MEDICINE Ph.D. PROGRAM- Individual Development Plan**

This section should contain a cumulative record that is updated for each meeting and includes updates to the career development plan.

**Table Instructions: If additional rows are needed in tables, press the tab button after reaching the end of the row.**

**Project Title**:

**Brief Summary:** *(stating hypothesis and specific aims)*

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**Publications:** *Please provide complete citation or indicate status (i.e. accepted, in review, submitted or in preparation).*

|  |  |
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| **Citation** | **Status** |
|  |  |

**Abstracts:** *Please provide presenter, title, name of meeting, place of presentation, and date.*

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**Book Chapters:** *Please provide complete citation.*

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**Patents/Other**:

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**Attendance at national or other professional meetings (including retreats):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Meeting** | **City, State, Country** | **Date** | **Title of Presentation**  **(if applicable)** | **Oral or Poster** |
|  |  |  |  |  |

**Seminars/Journal Clubs Presented:**

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| --- | --- | --- | --- |
| **Type of presentation** | **Location** | **Date** | **Title or Topic** |
|  |  |  |  |

**Institutional Service:** *(e.g. leadership roles, committee service, seminar peer review, tutoring, teaching, student lab supervision,*

*recruitment activities).*

|  |  |  |
| --- | --- | --- |
| **Type** | **Date** | **Activity** |
|  |  |  |

**Applications and Funding**

**Grant Funding:** *Please list any grant proposals you have submitted and indicate whether submitted or funded.*

*(Provide details including type and amount of grant, as well as organization providing the funding.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title**  **of Proposal** | **Submitted/Funded** | **Grant Type** | **Amount** | **Score** | **Sponsoring Organization** | **Grant Type** |
|  |  |  |  |  |  |  |

**Professional Honors or Awards:** *Please list any professional honors or awards received and include date received.*

|  |  |
| --- | --- |
| **Honor/Award/Certification** | **Date Received** |
|  |  |

**Career Development**

1. **My career goals/directions/aspirations:**

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The AAAS Science Careers myIDP website **(**[**http://myidp.sciencecareers.org/**](http://myidp.sciencecareers.org/)**)** is a valuable tool to assist in potential career paths based on your personal skills and interests, and can provide insight into additional training you should seek.

1. **I have completed the Science Careers myIDP.**  yes  no
2. **Activities you have participated in or would like to participate in to promote your career development:**

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**(d) Career Development Seminars/Workshops Attended:** *Note that GPILS and other partnering groups offer mechanisms for career development. See* <http://lifesciences.umaryland.edu/Pages/CareerDevelopment.aspx> *List participation in any development activities and dates.*

|  |  |
| --- | --- |
| **Seminar/Workshop** | **Date of Participation** |
|  |  |

**Advisory Committee Recommendations:**

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