

**Program in Epidemiology and Human Genetics**

**PhD Student Annual Progress Report**

**2021-2022 Academic Year**

**Date of form completion:**

**1. STUDENT INFORMATION**

**Name:**

**Home address:**

**Telephone number:**

**Primary email:**       **Secondary email:**

**Employer name and work telephone number (if applicable):**

**Name of faculty mentor (academic advisor or research mentor):**

**Track:** [ ]  Epidemiology [ ]  Molecular Epidemiology [ ]  Human Genetics and Genomic Medicine

**Status:** [ ]  Full-time [ ]  Part-time

**Year and semester of entry to Graduate Program:**

**2. MILESTONES**

|  |  |
| --- | --- |
|  | **Date or anticipated date** |
| **Comprehensive/qualifying exam** |       |
| **Dissertation abstract (if applicable) and committee composition** |       |
| **General Research Plan or Pre-Proposal and committee composition** |       |
| **Original data collection approval\*** |       |
| **Proposal defense** |       |
| **Dissertation defense** |       |
| **First Author Publication** |       |

\* Epidemiology and Molecular Epidemiology Tracks only

|  |  |
| --- | --- |
| **(Students who have not passed the comprehensive/qualifying exam)****Research interests:**        | **(Students who have passed the comprehensive/qualifying exam)****Dissertation title:**        |

**3. REQUIRED COURSES AND WORKSHOPS (COMPLETED AND IN PROGRESS)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Number** | **Epidemiology Track** | **Enter grade earned or “*waived”*** | **Molecular Epidemiology Track** | **Enter grade earned or “*waived”*** | **Human Genetics and Genomic Medicine Track** | **Enter grade earned or “*waived”*** |
| PREV 600 | ✓ |       | ✓ |       |  |       |
| PREV 619 | ✓ |       | ✓ |       | PREV 620 and either PREV 619 orPREV 621 |       |
| PREV 620 | ✓ |       | ✓ |       |
| PREV 621 |  |       |  |       |
| PREV 659 | ✓ |       | ✓ |       |  |       |
| PREV 716 | ✓ |       |  |       |  |       |
| PREV 711 |  |       | ✓ |       |  |       |
| GPLS 716 |  |       | ✓ |       | ✓ |       |
| PREV 720 | ✓ |       | ✓ |       |  |       |
| PREV 721 | ✓\* |       | ✓ |       |  |       |
| PREV 723 | ✓\* |       | ✓ |       |  |       |
| PREV 747 | ✓ |       | ✓ |       |  |       |
| PREV 748 | ✓ |       | ✓ |       |  |       |
| PREV 749 | ✓ |       |  |       |  |       |
| PREV 758 | ✓ |       |  |       |  |       |
| PREV 780 |  |       | ✓ |       |  |       |
| PREV 801 | ✓\* |       |  |       |  |       |
| PREV 802 | ✓\* |       | ✓ |       |  |       |
| PREV 803 | ✓ |       |  |       |  |       |
| GPLS 601 |  |       |  |       | ✓ |       |
| HGEN 601 |  |       |  |       | ✓ |       |
| HGEN 602 |  |       |  |       | ✓ |       |
| HGEN 608\*\* |  |       |  |       | ✓ |       |
| HGEN 609 |  |  |  |  |  |  |
| CIPP 907 orCIPP 909 | ✓ |       | ✓ |       | ✓ |       |

\* Students must take 3 of the 4 courses marked with an asterisk.

\*\* Students must register for at least 4 credits of HGEN 608 (1 per semester).

**4. ELECTIVE COURSES (COMPLETED AND IN PROGRESS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Semester/Year** | **Credits** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Current total elective credits:** |       |

Minimum elective credits:

Epidemiology Track – 6, Molecular Epidemiology Track – 9, Human Genetics and Genomic Medicine Track – 3

**5. RESEARCH CREDITS**

|  |  |
| --- | --- |
| **Current total research credits** |       |

Minimum research credits: All tracks – 12

**6. TEACHING ASSISTANT ASSIGNMENTS (COMPLETED AND IN PROGRESS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Course Master** | **Semester/Year** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

**7. RESEARCH ROTATIONS (COMPLETED AND IN PROGRESS)**

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| --- | --- | --- | --- |
| **Mentor** | **Project Title** | **Start Date** | **End Date** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**8. FUNDING**

**Current source of funding:**

**Source of funding for the next academic year:**

**Scholarship or other funding applications submitted or planned:**

**9. WORKSHOPS AND SEMINARS**

|  |  |  |
| --- | --- | --- |
|  | **Have attended** | **Plan to attend** |
| **NRSA Grant Writing Workshop (required)** | [ ]  | [ ]  |
| **Careers in Science seminar series** | [ ]  | [ ]  |
| **Scientific Leadership and Project Management seminar series** | [ ]  | [ ]  |
| **Workshops on getting your research published** | [ ]  | [ ]  |
| **Workshops on presenting your research** | [ ]  | [ ]  |
| **Workshops on networking** | [ ]  | [ ]  |
| **Workshops on writing a curriculum vitae** | [ ]  | [ ]  |
| **Writing accountability group** | [ ]  | [ ]  |
| **Individual career counseling** | [ ]  | [ ]  |
| **Other career-related workshop or seminar (specify)** | [ ]  | [ ]  |
| **Other career-related workshop or seminar (specify)** | [ ]  | [ ]  |

**10. Initial IDP:** *Briefly* *describe the aims and experimental approaches of your research project. What is the significance of the research? Are collaborations or use of specialized resources/cores anticipated? If yes, indicate formal arrangements. (1/2 page sufficient),* ***OR***

**Biannual IDP:** *Briefly summarize your research project and major accomplishments in the past six months (1/2 page should be sufficient)*

|  |
| --- |
|  |

**What new skills and education/training in new research areas would enhance your project and your professional development?**

|  |
| --- |
|  |

**Selection of Thesis Committee** *– if you have selected your thesis committee, please list the members here. (Also, please be sure to complete graduate school thesis committee form if not already completed:*<http://www.graduate.umaryland.edu/documents/doctoral_committee%20update%202012.pdf> )

|  |  |  |
| --- | --- | --- |
| **Thesis Committee Member Name** |  **Department** | **Graduate Faculty Status** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**11. PLANS FOR COMING YEAR**

**List research project goals**

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| --- |
|  |

**Scholarship or other funding applications planned for the upcoming year**

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| --- |
|  |

**Potential collaborations in the coming year, if appropriate**

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| --- |
|  |

**Plans for improving scientific writing and oral presentation skills in coming year. Brief outline of accumulating results toward a research paper or presentation in coming year.**

|  |
| --- |
|  |

**Which professional societies do you wish to become a member of?**

|  |
| --- |
|  |

**12. ATTACHMENTS**

Please attach:

1. Your curriculum vitae in School of Medicine format.

<https://www.medschool.umaryland.edu/AcademicAdmin/Forms-Letters--Templates/>

1. Your student biosketch in NIH format.
<https://grants.nih.gov/grants/forms/biosketch.htm>

**13. FACULTY MENTOR COMMENTS**

**Please summarize the following points:**

* Research project progress.
* Trainee’s strengths.
* Trainee’s capabilities and performance needing improvement.
* Comment on the Graduate Trainee’s supervisory and/or group management skills, oral and written communication skills, and participation in group meetings and seminars.
* Additional major points discussed during the IDP meeting
* Does the student have a particular need for additional writing support? Explain.

**Additional topics that may be addressed below:**

* Is the Graduate Trainee’s career development on-track?
* What skills should the trainee improve or acquire in order to advance his/her career?
* Summarize what portion, if any, of the research project might be taken by the individual to initiate his or her independent research.
* If performance has been unsatisfactory, what are the specific goals that the trainee must meet?
* How can the Graduate Program in Life Sciences as a whole or the individual training program assist in helping your trainee achieve his/her overall goals?

**14. SIGNATURES**

***By signing this form, the student and faculty mentor confirm that they have discussed all items outlined in the document.***

**Student**       **Date**

**Faculty** **Mentor**       **Date**

**15. SUBMISSION OF PROGRESS REPORT**

**The student and faculty mentor can sign the hard copy of this form, and the student can scan the document and email it to the Academic Coordinator. Alternatively, in lieu of signatures, the student can email the electronic version of the document to the Academic Coordinator and the faculty mentor can follow up with an email approval. File names should include the name of the document and the name of the student.**