**MOLECULAR MEDICINE Ph.D. PROGRAM**

**Thesis Proposal Form & IDP**

**Meeting date**:

**Student Name**:

**Research Track:**

**Mentor Name:**

**Thesis Committee Members**

|  |  |
| --- | --- |
| **Names** | **Signatures** |
| Chair: |  |
| Member 1: |  |
| Member 2: |  |
| Member 3: |  |
| Member 4: |  |
| Member 5: |  |
| External member: |  |

**Proposal Presentation:**  Satisfactory  Unsatisfactory

**GPLS 608 Seminar Credit:**  Yes  No

**Recommendations:** *(Comments should address student progress regarding goals and accomplishments or lack thereof and recommend specific directives. Use additional pages if necessary.)*

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**Approval Signatures**

**Track Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This section should contain a cumulative record that is updated for each meeting. **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).*

|  |  |
| --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** *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.*

|  |  |
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| **Activity** | **Date of Participation** |
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**Advisory Committee Recommendations:**

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