



DREXEL UNIVERSITY

Graduate School of

# Biomedical Sciences and Professional Studies

*College of Medicine*

## Student Progress Report

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Program: \_\_\_\_\_

Degree Sought: MS / PhD

Program Start Date: \_\_\_\_\_

Core Curriculum Completed: \_\_\_\_\_

**Required Courses for Program Completed:**  
(Course, Grade, Date Completed)

**Advanced Elective Courses Completed:**  
(Course, Grade, Date Completed)

**Lab Rotations** (List labs and inclusive dates)

- 1.
- 2.
- 3.

**Preliminary Exam Date:** \_\_\_\_\_

**Qualifying Exam Date:** \_\_\_\_\_

**Thesis Proposal Date:** \_\_\_\_\_

**Thesis Advisory Committee** (Print names)

- \_\_\_\_\_ (Chair)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**IDP Meeting Date:** \_\_\_\_\_

**Conferences Attended Since Last Progress Report:**

**Proposals Submitted** (Title, Granting Agency, Date, Type) :

**Publications** (Full Citation):

**Grants/Awards Received:**

**Thesis Defense Date:** \_\_\_\_\_

**Comments:**

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**Student Name**

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**Student Signature**

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**Advisor Name**

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**Advisor Signature**

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**Program Director Name**

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**Program Director Signature**