THESIS RESEARCH ADVISOR SELECTION FORM

Date

_________________________ has permission to join my laboratory

NAME OF STUDENT

to perform thesis research and I agree to support her/him.

_____________________________
Student Signature

_____________________________
Advisor Signature
JOHNS HOPKINS UNIVERSITY - GRADUATE BOARD
Oral Examination for the Ph.D. Degree

Exam: □ Preliminary □ Final

Department:

Proposed Date of Examination: ___________ Hour: ___________ Location: ___________

Candidate’s Full Name: ___________ Student ID #: ___________

The committee is made up of five members and should be set up according to departmental policy concerning the # of “inside” departmental members that may serve; some departments allow 3, others only 2. Select the remaining members from other JHU Ph.D. granting departments, at least one of which must be of Professor or Associate ranking. Exceptions must have Graduate Board approval. Two alternates MUST be listed – one in each column.

<table>
<thead>
<tr>
<th>Members from “inside” department:</th>
<th>Members from “outside” departments:</th>
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<tbody>
<tr>
<td>Faculty’s Name</td>
<td>Faculty’s Name and Department</td>
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<td>“Inside” Alternate</td>
<td>“Outside” Alternate</td>
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Proposed Examination Approved By:

Department/Program Chair ___________ Date ___________ Graduate Board Chair ___________ Date ___________

Report of Results

Signatures of all examiners present must appear below:

☐ Unconditional Pass ☐ Conditional Pass (Explanations required) ☐ Fail (Explanations required)

(If additional space is needed, attach sheet.)

<table>
<thead>
<tr>
<th>Chair, Examination Committee</th>
<th>Date of Examination</th>
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<tbody>
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<td>1.</td>
<td>3.</td>
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<td>2.</td>
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Chairperson: send this form to the Graduate Board Office, located in the Wyman Park Bldg. Suite G1, directly following the examination

Revised July 2005
Program in Cell, Molecular, Developmental Biology and Biophysics

Graduate Student Thesis Proposal Meeting (Year 2)

Name: ____________________________________

Advisor: _________________________________ Date: __________

Evaluation of Thesis Proposal: ______Excellent ______Satisfactory ______Unsatisfactory

Comment (please also provide specific feedback to the student on the proposal draft itself):

Does the Thesis Proposal need to be revised and resubmitted to the committee?

_____Yes _____No If Yes, Due Date: ______________

Evaluation of Preliminary Data/Progress: ______Excellent ______Satisfactory ______Unsatisfactory

Comment:

Evaluation of Student’s Knowledge Of:

Project Significance/Big Picture ______Excellent ______Satisfactory ______Unsatisfactory

Comment:

Background Literature ______Excellent ______Satisfactory ______Unsatisfactory

Comment:

Experimental Procedures/Alternative Approaches ______Excellent ______Satisfactory ______Unsatisfactory

Comment:

Additional Recommendations:

Signatures:

Student:

Advisor:

Chair: ____________________________________________

Committee Members:
PROGRAM IN CELL, MOLECULAR, DEVELOPMENTAL BIOLOGY AND BIOPHYSICS

GRADUATE STUDENT ANNUAL REVIEW (Years 3 and 4)

NAME: ________________________________ YEAR OF STUDY: ____

ADVISOR: ________________________________ DATE: __________

PROGRESS: _____ Satisfactory _____ Unsatisfactory
(Please complete each item in detail)

EVALUATION OF PROGRESS REPORT TALK:

Overall knowledge of research field:

Description of progress during the last year:

Description of experiments to be carried out during next year:

Estimate of time & experiments to be completed for PhD:
(For students who have been in the program for at least 4 years)

Describe any problems:

Recommendations:

Chair: ________________________________

Student:

Advisor:

SIGNATURES OF REVIEWERS:
GRADUATE STUDENT ANNUAL REVIEW – Thesis Planning Meeting Form
(beginning year 5)

NAME: ___________________________ YEAR OF STUDY: _____

ADVISOR: _________________________ DATE: __________

PROGRESS: _____ SATISFACTORY _____ UNSATISFACTORY
(Please complete each item in detail; use back of page or additional sheets if needed.)

EVALUATION OF PROGRESS REPORT TALK:

Overall knowledge of research field:

Description of progress during the last year:

Description of experiments to be carried out during next year:

Evaluation of preliminary thesis outline:

Evaluation of plan for graduation in 12-18 months:

Advice to help student make plans for after graduation:

Describe any problems:

Recommendations: Chair: _______________________

Student: _______________________

Advisor: _______________________

SIGNATURES OF REVIEWERS:
Preliminary Thesis Committee Approval Form

Name of Student

has met with his/her thesis committee on ___________________.

Date*

We approve the commencement of the thesis writing.

* This date must be approximately 4-6 months prior to the completion of all thesis requirements.

Signatures of Thesis Committee

Chair: ________________________
SAMPLE READERS ' LETTER

JOHNS HOPKINS UNIVERSITY

(MUST BE ON READER’S DEPT. LETTERHEAD)

Date (4 weeks prior to defense)

Dr. William Egginton
Dean of Graduate Education
Graduate Board
The Johns Hopkins University
Baltimore, MD 21218

Dear Dr. Egginton,

The undersigned have read the dissertation submitted by (FULL NAME OF STUDENT) entitled (DISSERTATION TITLE) and recommend its acceptance in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

We certify that this dissertation is a significant contribution to knowledge. We believe that the thesis is worthy of publication (a)* in its present form or (b)* with slight modifications).

Sincerely,

Name of First Reader
Title
Department

Name of Second Reader
Title
Department

* Pick the appropriate phrase.
THESIS DEFENSE FORM

________________________________________
Name of Student

has successfully completed the Final Examination on ________________.
Date

Signatures of Examination Committee
Chair: ____________________________________

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PERMISSION TO REGISTER*  
(*for any student in their 6th year of study and beyond)

Name of Student: ______________________________________________________

Year of Study: ______________________________________________________

Fall/Spring Semester, __________ (year)

Anticipated Graduation Date: ______________________________

Date: _______________ Signature: 

Advisor

Date: _______________ Signature: 

Program Director
CMDB ELECTIVE PERMISSION  
(Attach Syllabus)

Name: __________________________________________

Course#: ________________________________

Course Title: ________________________________________________________________

Course Location: _________________ Instructor Name: ________________________

Justifications
What are the main topics covered?

How is this related to your project?

Signature of Program Director: ________________________________ Date: ______________

This class has been approved/disapproved for elective credit.

Number of credits approved: _______