

**JOHNS HOPKINS**  
UNIVERSITY

PROGRAM IN CELL, MOLECULAR,  
DEVELOPMENTAL BIOLOGY AND BIOPHYSICS

144 Mudd Hall/3400 N. Charles Street  
Baltimore, MD 21218

**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.

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\_\_\_\_\_  
**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 #: \_\_\_\_\_

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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.

Members from "inside" department:  <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"><b>Faculty's Name</b></td> <td style="width: 80%;"></td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td><b>"Inside" Alternate</b></td> <td></td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> </table>	<b>Faculty's Name</b>		1. _____	_____	2. _____	_____	3. _____	_____	<b>"Inside" Alternate</b>		1. _____	_____	Members from "outside" departments:  <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;"><b>Faculty's Name and Department</b></td> <td style="width: 30%;"><b>Rank</b></td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> <tr> <td><b>"Outside" Alternate</b></td> <td></td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> </table>	<b>Faculty's Name and Department</b>	<b>Rank</b>	1. _____	_____	2. _____	_____	3. _____	_____	<b>"Outside" Alternate</b>		1. _____	_____
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2. _____	_____																								
3. _____	_____																								
<b>"Outside" Alternate</b>																									
1. _____	_____																								

**Proposed Examination Approved By:**

_____	_____
<i>Department/Program Chair</i>	<i>Graduate Board Chair</i>
_____	_____
<i>Date</i>	<i>Date</i>

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**Report of Results**

Signatures of all examiners present must appear below:

Unconditional Pass     Conditional Pass (Explanation required)     Fail (Explanation required)

\_\_\_\_\_

(If additional space is needed, attach sheet.)

_____	_____
<i>Chair, Examination Committee</i>	<i>Date of Examination</i>
1. _____	3. _____
2. _____	4. _____

Chairperson: send this form to the Graduate Board Office, located in the Wyman Park Bldg. Suite G1,  
*directly following the examination*



PROGRAM IN CELL, MOLECULAR,  
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**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:



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**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:**



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**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:**

JOHNS HOPKINS  
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**PRELIMINARY THESIS COMMITTEE APPROVAL FORM**

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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

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Chair: \_\_\_\_\_

**SAMPLE READERS ' LETTER**



**(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.

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## THESIS DEFENSE FORM

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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)

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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: \_\_\_\_\_

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This class has been approved/disapproved for elective credit.

Number of credits approved: \_\_\_\_\_