

Graduate Student Progress Report

Graduate Programs in Human Nutrition
Oregon Health & Science University

GRADUATE STUDENT PROGRESS REPORT DUE WITHIN 10 DAYS OF THE START OF FALL AND WINTER TERM

Instructions: Please answer all of the following questions. If not applicable, indicate N/A. When completed, submit the form electronically to the Master's Program Coordinator (mcguirju@ohsu.edu)

Note: This document is information to track your progression in the Graduate Programs in Human Nutrition - it is not an official record.

General Information:

Student Name:

Today's Date:

Year of Program Entry:

Degree Sought:

Expected term for degree completion:

Coursework:

Course	Status				Course	Status			
	Complete	In Progress	Not Complete	N/A		Complete	In Progress	Not Complete	N/A
NUTN 500*					NUTN 518				
NUTN 504*					NUTN 539				
NUTN 510					NUTN 523				
NUTN 511					NUTN 524				
NUTN 512					EQPL872				
NUTN 513					PHYS 510				
NUTN 514					RJ RO '746				
NUTN 515									

*Mark course in progress until all terms are completed

Number of NUTN 505 credits completed:

Number of NUTN 507 credits completed:

Number of NUTN 503 or NUTN 506 credits completed:

Number of elective credits completed:

Plan for elective credits needed (course and credits):

Thesis:

Thesis Advisor:
 Committee Members:
 Project Title:
 Funding Source:

	Date Scheduled	Date Completed	N/A
Thesis Proposal Defense:			
Oral Thesis or Project Defense:			

	Date Submitted	Date Approved	N/A
IRB Protocol:			

	Thesis or Project Status			
	Complete	In Progress	Not Complete	N/A
Proposal:				
Data Collection:				
Data Analysis:				
Background:				
Materials & Methods:				
Results:				
Discussion & Conclusion:				

Forms:

	Date Submitted to GPHN	Date Submitted to Graduate Studies	N/A
Mentor/Advisor Assignment:			
Request for Advisory Committee:			
Application for Degree			
Request for Oral Examination:			

What are your goals for the coming term?

Forward this completed form to the Master's Program Coordinator

To be completed by Master's Program Coordinator:

Date of Review:

Date of Last Review (if applicable):

GPA:

Reviewed Degree Audit:

Completed coursework coincides with student report:

Copy of completed graduate forms on file:

Reviewed program completion requirements and thesis/project guidelines with student:

Number of elective credits required:

Number of elective credits completed:

Additional Comments: