



SCHOOL OF
**MEDICINE &
DENTISTRY**
UNIVERSITY *of* ROCHESTER

**MBI 899 Research for Master's Dissertation Full-time
MS Program in Microbiology
Goals and Progress Report
Page 1**

Registration for MBI 899 indicates that the student is working at full-time effort with the advisor on the dissertation proposal, the dissertation research, or the completion of the written dissertation.

The advisor and student should agree on goals to be accomplished during the semester proportionate to the student's full-time enrollment and indicate their agreement on the form below. At the beginning of the semester, please send a copy of the completed Page 1 to the MS Program Administrator ([Brenda Knorr@urmc.rochester.edu](mailto:Brenda_Knorr@urmc.rochester.edu)) and to the SMD registrar ([Tracy Pezzimenti@urmc.rochester.edu](mailto:Tracy_Pezzimenti@urmc.rochester.edu)). A copy should be kept by the student and advisor for reference during the semester.

Advisor and student should be in contact on a regular basis (at least once per month). An advisor may submit an academic warning if there is no contact or no progress at mid-semester.

At the end of the semester, the student is responsible for documenting progress toward the goals on Page 2 of this form and submitting both parts of the form to the advisor for review, discussion, and signature. It is understood that research directions may change, obstacles may emerge, and not all goals may be met as planned. Such issues should be briefly summarized in the progress report. Please submit the fully completed form to the MS Program Director ([Michelle Dziejman@urmc.rochester.edu](mailto:Michelle_Dziejman@urmc.rochester.edu)), Program Administrator and Registrar at the end of the semester.

At this time, the advisor must submit a grade of Satisfactory (S) or Unsatisfactory (E). To earn a grade of Satisfactory, the student must have made measurable and satisfactory progress toward goals. If the advisor has not received the student's progress report, a grade of E should be entered for the semester.

Student Name: _____

URID: _____

Semester: _____

Goals for the Semester:

Student Signature _____

Advisor Signature _____ Date _____

**MS Program in Microbiology
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Student Name:

URID:

Semester:

Student's Statement of Progress Toward Goals During this Semester:

Student Signature:

Date:

Advisor Signature:

Date: