

**Thesis Advisory Committee (TAC) Evaluation**  
**CLINICAL AND TRANSLATIONAL SCIENCE PROGRAM**

**Important: This fillable PDF must be used with Adobe Reader; it will not work correctly if you use Preview. Adobe Reader may be downloaded from the internet free of charge.**

**Instructions:** Students are to complete pages 1 and 2 of this form and e-mail them together with their Thesis Committee Report to their Thesis Committee Chairs one week before the meeting. Committee Chairs complete the rest of the form at the committee meeting or soon after it, and all members indicate their agreement by entering their names on the Signature lines at the end of the form. The completed form must be sent electronically to the student and the GSBS Registrar ([gsbs-registrar@tufts.edu](mailto:gsbs-registrar@tufts.edu)) within 10 days of the meeting.

**Special Instructions for CTS Students:**

First Year (December Meeting):

For Question 2 below (“Summary of research progress since the last report”), please also assess your own performance in the summer course, Introduction to Clinical Care Research, and your Fall Semester courses. Describe how coursework has applied to your thesis development or other research goals.

First Year (April Meeting):

Please attach a draft of your Thesis Proposal to this document.

Second Year (October Meeting):

For Question 2 below (“Summary of research progress since the last report”) also include a comment on whether or not the project timeline has been met and if you anticipate delays in completing your thesis. In addition, please indicate whether or not specific aims in approved thesis proposal have been modified; state the revised aims and the reason for modification.

PhD Students (December and May Meetings):

For Question 2 below (“Summary of research progress since the last report”) also include a comment on whether or not the project timeline has been met and if you anticipate delays in completing your thesis. In addition, please indicate whether or not specific aims in approved thesis proposal have been modified; state the revised aims and the reason for modification.

**TO BE COMPLETED BY THE STUDENT**

Student Name \_\_\_\_\_ Thesis Committee Chair \_\_\_\_\_

Meeting Date \_\_\_\_\_ Year in School \_\_\_\_\_

Previous Meeting Date \_\_\_\_\_

**Thesis Advisory Committee Members:**

Committee Chair \_\_\_\_\_

Statistical mentor \_\_\_\_\_

Program mentor \_\_\_\_\_

Project mentor \_\_\_\_\_

External Adviser \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**TO BE COMPLETED BY THE STUDENT**

1. Once a year, students are required to complete the *Training and Career Goals Progress Report* document and submit it with their Thesis Reports to their Thesis Committees.

Is this document included for this Committee Meeting?

Yes  No

2. Summary of research progress since the last report  
*Include manuscripts submitted, reviewed, or accepted (title, authors, journal) and meeting presentations (title, authors, meeting, form of presentation). Do not copy your entire Thesis Report here or write "See Attached." Rather, please provide a summary in the space below.*

3. Summary of research plans and specific goals to be met by next meeting.  
*Note: Include expected publications and meeting attendance.*

**TO BE COMPLETED BY THE THESIS COMMITTEE CHAIR**

1. Summary of specific goals to be met by next meeting (2-5 bullet points):

2. Overall assessment (2-5 sentences):

3. Did you discuss the *Training and Career Goals Progress Report* document at this meeting? Yes  No
- a. If no, when did you last review the document with the student? \_\_\_\_\_
- b. What actions should the student take to work toward his or her career goals?

4. Recommended approximate date for next meeting: \_\_\_\_\_

Please check a Satisfactory or Unsatisfactory grade for the student.

**Satisfactory/Unsatisfactory Scale:** S  U

Student is on a plausible path to completion of degree in original time frame.

Yes  No

If this is CTS PhD student, has the student completed all three manuscripts and does he or she have permission to defend his or her thesis? Yes  No

If yes, the student's tentative defense date is \_\_\_\_\_.

*Note: The thesis defense must occur within 3 months of obtaining permission to defend.*

**THESIS ADVISORY COMMITTEE MEMBERS' SIGNATURES:**

*By my signature, I confirm that this evaluation has my approval.*

**(Type in your names below or affix an electronic signature.)**

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

Statistical mentor: \_\_\_\_\_

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

Project mentor: \_\_\_\_\_

External Adviser: \_\_\_\_\_

Other (please specify): \_\_\_\_\_