



UNIVERSITY OF
GEORGIA

College of Pharmacy
Clinical & Administrative Pharmacy

Graduate Student Activity Report

Date:

Semester (i.e, Fall 2016):

Program:

Student Name:

Signature:

Major Advisor Name:

Signature:

Did you meet your Advisory Committee this grading period: Yes / No

Date of last Advisory Committee meeting (mm/dd/yyyy):

NOTE: Students are required to meet with their Advisory Committee at least once per year.

I. Courses Work:

(Attach one of the completed forms below to this report.)

A. First Year Students: Attach Registration History from Athena

B. Second Year and Up:

Master's: [MS Program of Study Form](#)

Doctoral: [Doctoral Program of Study Form](#)

(**Note:** If you have been 'Admitted to Candidacy', add PHRM 7300 (MS), or 9300 (PhD). If you have not taken this course you may add it, BUT do not list Hours/Grade/Term information.)

II. Manuscripts: (print on separate page if needed)

A. Published (Give Full Citation):

B. Accepted:

C. Submitted (Authors, Title Target Journal):

III. Grants and Fellowships: (print on separate page, if needed)

A. Funded:

B. In Review:

C. Submitted, not funded:

IV. Oral Presentations and Abstracts (list place & location):

A. Presented/Published:

B. Submitted:

V. Honors, Awards, or other Meritorious Achievements:

VI. **Graduate Assistant Responsibilities:**

(i.e., GA work load – List responsibilities and include course number, instructor assisted, and number of hours spent per week your allotted GA time):

VII. **Research Responsibilities/Commitments:**

(Include title of project(s) and number of hours committed per week)

VIII. **Progress toward Completion of Plan of Study:**

(Provide a concise written description of the progress made toward the completion of your plan of study)

IX. **Statement of Objectives for Next Year:**
(List objectives for the coming year)

X. **Acknowledgment:**
(For acknowledgment of a faculty/staff or student, if applicable)