**Dissertation/Thesis Advisory Committee (“DAC/TAC”) Meeting Summary**

# Instructions:

Student:

Please complete a new form BEFORE\* every DAC/TAC meeting (green sections) and submit to the committee chair 5-business days prior to the meeting.

After the meeting, update the form as necessary, including consulting the DAC/TAC Chair to ensure accuracy. *Once complete, please sign to indicate that the summary and plan are accurate.*

\*Please note that there will be time during the meeting for the student to discuss mentorship concerns without the mentor present. When appropriate, the student may leave section 5 blank until after the meeting concludes.

DAC/TAC Chair:

Ask the mentor to fill out their section (orange) before\* or after the meeting.

Please add additional information immediately AFTER the meeting (blue sections)

Ask the student and committee members to edit the summary as necessary.

*Once complete, please sign to indicate that the summary and plan are accurate.*

\*Please note that there will be time during the meeting for the mentor to discuss mentorship concerns without the student present. When appropriate, the mentor may leave section 5 blank until after the meeting concludes.

# Routing:

Once complete (signed by both student and DAC/TAC Chair), please [**submit here**](https://app.smartsheet.com/b/form/25dc394bb3b347d18cc15c97abb09a69) within 10 business days post-meeting.

# Section 1: Student Information

|  |  |
| --- | --- |
| **Meeting Date** | Click here to enter a date. |
| **Name:** |  |
| **UID:** |  |
| **Program:** |  |
| **Degree:** |  |
| **Matriculation Term/Year\*** |  |

\*Term and year the student entered their current program (e.g. Fall 2018).

# Section 2: DAC/TAC Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee Members** | **Name** | **Present** | **Absent** |
| Chair |  |[ ] [ ]
| Mentor |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]

# Section 3: Academic, Research and Goal Progression

|  |
| --- |
| STUDENT: provide a summary of your academic, research and goal progression since previous meeting\*. Please also include any obstacles and/or challenges encountered during this time (if applicable), and how these were overcome and/or how you are working to resolve. \*If this is your first meeting, please list a summary of your academic, research and goal progression until this point, as well as any obstacles and/or challenges encountered during this time (if applicable), and how these were overcome and/or how you are working to resolve. |
|  |

|  |
| --- |
| COMMITTEE: provide feedback, comments and/or concerns regarding the student’s academic, research and goal progression summary. Additionally, please comment on discussions around rigor and reproducibility. |
|  |

|  |
| --- |
| CHAIR: is the student making appropriate academic progress\* toward their degree (Y/N)? \*Failure to meet or maintain academic standing or progress will result in academic probation. For more information, please refer to the Academic Regulations for the School of Medicine Graduate Programs.  |
|  |

|  |
| --- |
| CHAIR: if the student is not making appropriate academic progress, please indicate the milestones (including timeframe) which must be met in order for the student to regain compliance per the Academic Regulations for the School of Medicine Graduate Programs. If not applicable, please list N/A.  |
|  |

|  |
| --- |
| STUDENT AND MENTOR: provide a summary of what the student should attempt to accomplish within the next 6 months. |
|  |

# Section 4: Career Development

|  |
| --- |
| STUDENT: provide a summary of post-graduation plans/career goals (as appropriate). |
|  |

­­

|  |
| --- |
| STUDENT: provide a summary of career, volunteer and/or internship activities/courses outside OHSU.  |
|  |

|  |
| --- |
| STUDENT: provide a summary of research and academic productivity. |
| Please cite journal articles using The National Library of Medicine (NLM) format and include the PMID. This is a sample citation using the correct format:Freedman SB, Adler M, Seshadri R, Powell EC. Oral ondansetron for gastroenteritis in a pediatric emergency department. N Engl J Med. 2006 Apr 20;354(16):1698-705. PubMed PMID: 16625009.Publications, Book Chapters, Review Articles, Abstracts, Posters:1. Book Chapters
	1. Accepted/Completed
	2. Submitted
2. Review Articles
	1. Accepted/Completed
	2. Submitted
3. Peer Reviewed
	1. Accepted/Completed
	2. Submitted
4. Non-Peer Reviewed
	1. Accepted/Completed
	2. Submitted
5. Scientific, Career and/or Professional Development Conferences
	1. Attended (name, location, date(s) attended)
	2. Participated (name, location, date(s) attended)
	3. Anticipated (name, location, anticipated date(s) of attendance)
 |

|  |
| --- |
| COMMITTEE: Feedback, comments and/or concerns regarding the student’s career development summary.  |
|  |

# Section 5: Mentorship

|  |
| --- |
| STUDENT: indicate if you have met regularly (at least annually) with your mentor(s) to discuss mutual expectations around mentorship per the Policy on Mentor-Student Discussions (Y/N).  |
|  |

|  |
| --- |
| STUDENT: provide a summary of mentorship discussion, noting any issues that need to be addressed (if applicable).  |
|  |

|  |
| --- |
| MENTOR: indicate if you have met regularly (at least annually) with your student to discuss mutual expectations around mentorship per the Policy on Mentor-Student Discussions (Y/N).  |
|  |

|  |
| --- |
| MENTOR: provide a summary of mentorship discussion, noting any issues that need to be addressed (if applicable).  |
|  |

|  |
| --- |
| CHAIR: if the student and mentor are not meeting regularly (at least annually) to discuss mutual expectations around mentorship per the Policy on Mentor-Student Discussions, and/or there are significant problems/issues that need to be addressed, please include the committee’s recommendation(s)/feedback to resolve.  |
|  |

# Section 6: Future Meetings

|  |
| --- |
| CHAIR: recommended date for the student’s next DAC/TAC meeting (or approximate dissertation/thesis defense date, as appropriate) |
|  |

# Section 7: Approval Signatures

**STUDENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**CHAIR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date