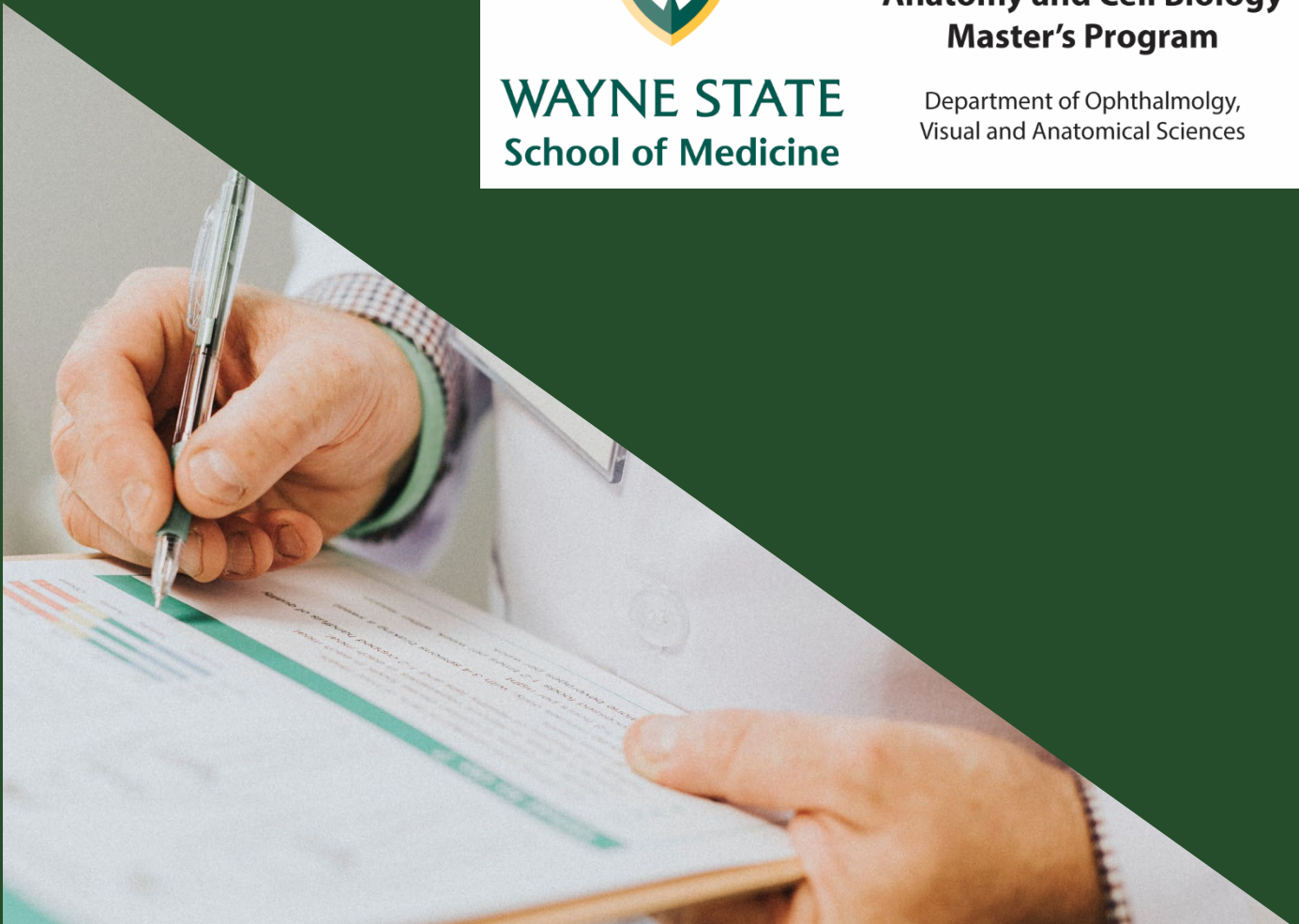




**WAYNE STATE**  
**School of Medicine**

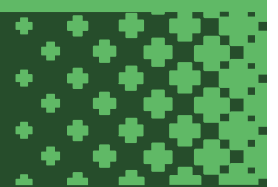
**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences



# **MASTER'S PROGRAM**

## RESEARCH TRACK CHECKLIST



## YEAR 1



- Selected Rotations Form (Deadline: September 1)
- Advisor Agreement Form (Deadline: January 15)
- Research Proposal and Timeline (Deadline: February 15)
- Plan of Work Form (Deadline: February 15)
- Thesis Advisory Committee Formation (Deadline: March 1)
- Quarterly Advisory Committee Meeting Form – Meeting #1 (Deadline: April 1)

## SUMMER TERM



- Summer Research Expectations Form (Deadline: June 1)
- Quarterly Advisory Committee Meeting Form – Meeting #2 (Deadline: July 1)
- Summer Research and Timeline Assessment Form (Deadline: August 15)

## YEAR 2



- Quarterly Advisory Committee Meeting Form – Meeting #3 (Deadline: October 1)
- Quarterly Advisory Committee Meeting Form – Meeting #4 (Deadline: January 1)
- Formal Approval/Delay to Write MS Thesis – (Deadline: January 1)
- Formal Approval/Delay to Defend MS Thesis – (Deadline: April 1)
- MS Thesis Defense Assessment – (Deadline: May 1)



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Selected Rotations**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student has selected and scheduled three research lab rotations. The Principal Investigators of the selected lab rotations must have an appointment in the Department and must have agreed to hosting the student for the rotation segment. Each rotation should be ~ 6 weeks long with the option for the student to officially select a lab after the completion of two rotations. The deadline for submission of this form is September 1<sup>st</sup> of Year 1.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Principal Investigators for each lab rotation**  
*(Print/Type Names)*

*(Start-End Dates)*

\_\_\_\_\_  
Rotation #1

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Rotation #2

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Rotation #3

\_\_\_\_\_  
Dates

**Signatures**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Advisor Agreement**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student has selected a Master Thesis Advisor. The selected Advisor must have an appointment in the Department and must have agreed to serving as Advisor to the student. The deadline for this form is January 15<sup>th</sup> of Year 1.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

The mentor listed on this agreement has agreed to serve as Master Thesis Advisor for the named student for the Masters of Science Program. The Advisor agrees to provide sufficient resources for research space and reagents for the duration of the student's research timeline, which is scheduled to end May of next year with the student's Master's Thesis Defense.

<b>Names</b> <i>(Print/Type Names)</i>	<i>(Access IDs)</i>	<b>Signatures</b> <i>(Sign Names)</i>	<i>(Date)</i>
_____	_____	_____	_____
Advisor	Access ID	Advisor	Date
_____	_____	_____	_____
Student	Access ID	Student	Date
_____	_____	_____	_____
Master's Program Graduate Director	Access ID	MS Program Graduate Director	Date



**WAYNE STATE**  
**School of Medicine**

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Research Proposal and Timeline**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student and Advisor agree to an appropriate research plan and timeline. The deadline for this form is February 15<sup>th</sup> of Year 1.

---

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide details on your research project. This should include background/literature review that would serve as the scientific premise for the project, the specific aims/goals that you hope to achieve, and a reasonable timeline for the accomplishment of these goals.

**Project Name:** \_\_\_\_\_

**Research Proposal:**

**Timeline:**

**Names**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
MS Program Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology  
Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Thesis Advisory Committee Formation  
Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director only after all members of the committee have agreed to serve. The deadline for submission of this form is March 1<sup>st</sup> of Year 1. The Thesis Advisor will serve as Chair of the Committee. An additional two graduate faculty members must also serve on the committee; one of these must have a primary appointment in OVAS. If a faculty member outside of the department also serves on the committee, please indicate them as the outside member, below.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Committee**

*(Print/Type Names)*

*(Access IDs)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Outside Member

**Signatures**

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
**School of Medicine**

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Quarterly Advisory Committee Meeting**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after each quarterly committee meeting. The Comments section should be filled out by the Advisor (Committee Chair).

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments on student progress since last meeting**

**Comments on student goals for next meeting**

**Committee**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date





**WAYNE STATE**  
**School of Medicine**

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Summer Research Expectations**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student and Advisor agree to appropriate research goals for the summer and the level of commitment/effort expected on the part of the student to achieve these goals. The expectations should be as specific as possible and mutually agreeable. The deadline for this form is June 1<sup>st</sup> of the Summer Term.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Research Goals and Expectations for the Summer Term:**



**Names**  
*(Print/Type Names)*

*(Access IDs)*

**Signatures**  
*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
MS Program Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
**School of Medicine**

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Summer Research and Timeline Assessment**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the conclusion of the Summer Term of Year 1. The student and Advisor should assess the degree to which the summer research expectations were achieved, highlighting both accomplishments and obstacles. In addition, the Timeline listed in the Research Proposal and Timeline Form should be re-assessed based on the progress made during the Summer Term. The expectations for this new Timeline should be as specific as possible and mutually agreeable. The deadline for this form is August 15<sup>th</sup> of Summer Term.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Student Self-Assessment of Summer Research Expectations and Accomplishments:**

**Advisor Assessment of the Summer Research Expectations and Accomplishments:**

**Timeline:**

**Names**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Master's Program Graduate Director

\_\_\_\_\_  
Access ID

\_\_\_\_\_  
MS Program Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Formal Approval/Delay to Write MS Thesis**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the final quarterly committee meeting, during which the student and their Thesis Advisory Committee should assess the readiness of the student to begin writing the MS Thesis. Any reasons for delay should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is January 1<sup>st</sup> of Year 2.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Approval to Write MS Thesis**

**Delay to Write MS Thesis**

**Comments on reason for delay, if applicable:**

**Committee**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**Formal Approval/Delay to Defend MS Thesis**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the Thesis Advisory Committee determines that the student is ready to defend the MS Thesis. This decision should be based, in part, on a positive review of the written MS Thesis. Any reasons for delay should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is April 1<sup>st</sup> of Year 2.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Approval to Defend MS Thesis**

**Delay to Defend MS Thesis**

**Comments on reason for delay, if applicable:**

**Committee**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date



**WAYNE STATE**  
School of Medicine

**Anatomy and Cell Biology**  
**Master's Program**

Department of Ophthalmology,  
Visual and Anatomical Sciences

**MS Thesis Defense Assessment**  
**Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the formal defense of the MS Thesis. The decision to pass or fail the student will be made by the Thesis Advisory Committee. Comments on the strengths and weaknesses of the defense should be noted below and filled out by the Advisor (Committee Chair). The deadline for this form is May 1<sup>st</sup> of Year 2.

Student's Name: \_\_\_\_\_ Access ID (e.g., aa1234): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PASS – Defense of MS Thesis**

**FAIL – Defense of MS Thesis**

**Comments:**

**Committee**

*(Print/Type Names)*

*(Access IDs)*

**Signatures**

*(Sign Names)*

*(Date)*

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Advisor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Outside Member

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date