



Cellular and Molecular Biology

UNIVERSITY OF WISCONSIN-MADISON

Curriculum Certification Form

The student should fill in sections 1-7 and submit the form to all members of the Thesis Committee one week in advance of the meeting. Section 8 is to be completed by the Thesis Advisor at the meeting. Information on the format of the Curriculum Certification meeting can be found in the [CMB Handbook](#). Return completed form to cmb@bocklabs.wisc.edu.

Student Name:

Date:

Undergraduate Institution:

Degree:

Major:

Year Entered CMB Program:

Thesis Advisor:

Area of Specialization:

1. List all completed and in-progress courses relevant to the CMB Program.

Undergraduate

[illegible]



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Graduate

(10 core course credits, plus 1 ethics credit required)

CMB Required Classes	Course	Credits	Grade
Molecular Biology			
Cell Biology			
Ethics			
Elective			
Elective			
Elective			
Elective			
Elective			
Elective			

2. List all courses you are considering to complete the coursework requirements.

CMB Required Classes	Course	Credits	Grade
Molecular Biology			
Cell Biology			
Ethics			
Elective			
Elective			
Elective			
Elective			
Elective			
Elective			

3. Do you intend to complete a minor? If so, describe the courses you will take and when they will be completed.



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4. List your involvement in research projects.

Research Project	Advisor	Institution	Date (mm/yy)
<i>Undergraduate:</i>			
<i>Post-undergraduate:</i>			
<i>Graduate:</i>			

5. In what forum do you intend to give your required annual seminar?

6. Indicate your source of funding:

PI's grant

Dates of funding:

Fellowship or training grant (e.g., SciMed GRS Fellowship, NSF-GRFP, etc.)

Source of funding:

Dates of Funding:

Source of funding:

Dates of Funding:



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7. List your professional/career development goals for the upcoming year. Examples of goals include increasing knowledge of a specific research topic or technique, enhancing leadership and mentoring skills, improving oral and written presentation skills, and developing career plans.

8. Describe the feedback provided to the student by the committee (to be completed by the Thesis Advisor).

Approved by the Thesis Committee on: ____/____/____

List the names of the Committee Members present at the Curriculum Certification Meeting:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

Signature of Thesis Advisor on behalf
of the Thesis Committee