**Chemistry PhD Program Annual Activity Report Instructions & Information**

1. Complete your full curriculum vitae using the template provided on pages \_\_\_ of this document.
   1. Override the information in the template with your personal information
   2. Use reverse chronological order throughout your CV
   3. Delete any information in the template that does not apply to you.
   4. Provide the location and date to the right of each event (as indicated on the template) except when the date is included as part of a publication or presentation citation.
   5. Highlight in yellow any items that occurred since you submitted your previous activity report (this does not apply to students who entered in Autumn 2019).
   6. Do not include explanatory text unless absolutely necessary.
   7. Do not change the font, font size, or document formatting unless absolutely necessary.
   8. Before submitting your report, please check for spelling, grammar, and general accuracy of events and dates.
2. Items to consider/employ when completing the activity report:
   1. Please ensure that your personal email address is professional (e.g. (if your name was Brutus Buckeye) [Brutus.Buckeye@gmail.com](mailto:Brutus.Buckeye@gmail.com), [b.buckeye@gmail.com](mailto:b.buckeye@gmail.com)). Informal email addresses (e.g. [partydude2014@gmail.com](mailto:partydude2014@gmail.com)) should not be included on a professional CV.
   2. If you do not already have a LinkedIn account, please consider getting one, adding it to your personal information at the top of your CV, and then be sure to update your profile regularly.
      1. Current OSU Chemistry graduate students and alumni can join the “OSU Chemistry Graduate Students and MS/PhD Alumni” group on LinkedIn.
   3. When completing the education section, list just the degree conferral date or, if not yet conferred, enter the date as “20xx (expected)”.
   4. If applicable, for each degree, list your research advisor and either a thesis title or a short description (one sentence) of your research topic.
   5. When completing the “Experience” sections:
      1. List a range of dates, if appropriate, to the right of the event
      2. A very brief (one sentence) explanation is appropriate for each research experience
         1. Only include such a description for teaching or professional experience if needed for clarity
      3. “Related Professional Experience” means jobs relevant to your field, such as previous employment as a scientific researcher. Do not list unrelated jobs, such as retail or restaurant, et.al.
   6. When listing publications:
      1. Left justify each reference and put a blank line in between them.
      2. Use the ACS Style Guide, 3rd Ed., format listing all authors and full title, but include a DOI for all entries.
         1. http://pubs.acs.org/doi/pdf/10.1021/bk-2006-STYG.ch014
         2. http://www.doi.org/
      3. Use CASSI journal abbreviations with periods.
         1. <http://cassi.cas.org>
      4. If there are co-first authors, put a “ \* ” next to their names
   7. When listing presentations:
      1. Underline the name of the person who gave the presentation.
         1. Typically, you would only list the presentation if you (or you and a co-presenter) gave the presentation.
         2. Specify the type of presentation (oral presentation, keynote address, panel discussion, poster presentation, etc.)
   8. Professional Memberships and Activities:
      1. List memberships in national scientific organizations, activities that you’ve done for scientific organizations or the University, and any clubs that are professionally relevant (NOBCChE, SACNAS, ChemTALKS, et.al.)
      2. Don’t list unrelated clubs for hobbies or sports.
      3. Entries for membership and offices held or projects worked on are customary
      4. For ongoing activities, list a range of dates.
   9. Languages
      1. If you are a US citizen and speak only English, this section may be deleted.
      2. There are many scales on which language proficiency can be indicated. The scale indicated on this CV corresponds to the Interagency Language Roundtable (ILR) scale
         1. ILR Level 1 – Elementary Proficiency
         2. ILR Level 2 – Limited Working Proficiency
         3. ILR Level 3 – Professional Working Proficiency
         4. ILR Level 4 – Full Professional Proficiency
         5. ILR Level 5 – Native or Bilingual Proficiency
      3. Feel free to indicate proficiency using another scale (e.g. the DELF for French)
   10. References
       1. For the purpose of the activity report, list the contact information for your research advisor and your advisory committee members.
3. Complete the Activity Report Supplement on pages 6 & 7 of this document.
   1. When both the Activity Report and Activity Report Supplement have been completed, save the file (either Word or PDF is fine) as “Lastname\_Firstname\_2020AR” (e.g. Buckeye\_Brutus\_2020AR) and upload it here: <https://osu.app.box.com/f/2139319e42b04d0daed05b6519d57d4e>
   2. If you have had any first-author papers published in the past year, please also upload them at the Box link above, but please rename the file so that it includes your name before the year and name of the journal (e.g. Buckeye\_Brutus\_2020\_JACS).

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| --- | --- | --- | --- |
| **BRUTUS B. BUCKEYE**  **buckeye.1@osu.edu** | | | |
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| The Ohio State University Department of Chemistry and Biochemistry  Room # Building Name  Columbus, OH 43210  OSU phone number (if applicable) | | | Current Street Address  Current Street Address 2  City, ST Zip  Phone number |
|  | | |  |
| **EDUCATION**  **Ph.D., The Ohio State University**  Chemistry Graduate Program  Dr. Firstname Lastname, Advisor  Dissertation:  **MS, Name of School**  Name of Program  Dr. Firstname Lastname, Advisor  Thesis:  **BS, Name of School**  Major  Dr. Firstname Lastname, Advisor (if applicable)  Honors Thesis: (if applicable)  Magna/summa/cum laude (if applicable) | | | Columbus, OH Date  City, ST Date  City, ST Date |
| **RESEARCH EXPERIENCE**  **Name of Institution (e.g. The Ohio State University or National Institutes of Health)** Your title (e.g. Graduate Research Associate) or name of program (e.g. Summer Research Opportunities Program (SROP)) Dr. Firstname Lastname, Advisor  Brief description of research topic  **Name of Institution** Your title (e.g. Graduate Research Associate) or name of program (e.g. Summer Research Opportunities Program (SROP)) Dr. Firstname Lastname, Advisor  Brief description of research topic  **Name of Institution** Your title (e.g. Graduate Research Associate) or name of program (e.g. Summer Research Opportunities Program (SROP)) Dr. Firstname Lastname, Advisor  Brief description of research topic | | | City, ST Dates  City, ST  Dates  City, ST  Dates |
| **TEACHING EXPERIENCE Name of Institution**  Your title (e.g. Graduate Teaching Associate)  Appointing Unit (e.g. Dept. of Chemistry & Biochemistry, Center for Life Sciences Education) Course taught  Course taught  **Name of Institution**  Your title (e.g. Graduate Teaching Associate)  Appointing Unit (e.g. Dept. of Chemistry & Biochemistry, Center for Life Sciences Education) Course taught  Course taught | | | City, ST  Semester(s)  Semester(s)    City, ST  Semester(s)  Semester(s) |
| **RELATED PROFESSIONAL EXPERIENCE**  **Name of Institution/Company**  Your title (if applicable)  Short description of duties  **Name of Institution/Company**  Your title (if applicable)  Short description of duties  **PROFESSIONAL MEMBERSHIPS & ACTIVITIES** Name of Organization/Activity  Name of Organization/Activity | | | City, ST  Dates  City, ST  Dates  Dates Dates |
| **AWARDS & HONORS**  **Name of Award/Honor**  Awarding Institution  **Name of Award/Honor**  Awarding Institution | | | Date  Date |
| **GRANTS & FELLOWSHIPS**  **Name of Grant or Fellowship**  Name of grant- or fellowship-awarding institution or organization  **Name of Grant or Fellowship**  Name of grant- or fellowship-awarding institution or organization | | | Date  Date |
| **PRESENTATIONS**  **Buckeye, B.B.** Title of Presentation. Type of presentation delivered at the Name of conference or meeting, City, ST, Month, Year.  **Buckeye, B.B.** Title of Presentation. Type of presentation delivered at the Name of conference or meeting, City, ST, Month, Year. | | | |
| **PUBLICATIONS**  **Buckeye, B.B.; Author 2; Author 3.** Title of article. *Journal Abbreviation* **Year**, *Volume,* Inclusive Pagination.  **Buckeye, B.B.; Author 2; Author 3.** Title of article. *Journal Abbreviation* **Year**, *Volume,* Inclusive Pagination. | | | |
| **LANGUAGES**   * English (indicate level of proficiency (Elementary Proficiency, Limited Working Proficiency, Professional Working Proficiency, Full Professional Proficiency, Native or Bilingual Proficiency)) * Language (level of proficiency) * Language (level of proficiency) | | | |
| **CITIZENSHIP**   * Country of citizenship * United States visa status (if applicable) | | | |
| **REFERENCES** | | | |
| Firstname MI Lastname, Ph.D.  Title  Department (if applicable)  Institution, company, or organization  Street Address  City, ST Zip code  Phone number  Email address | Firstname MI Lastname, Ph.D.  Title  Department (if applicable)  Institution, company, or organization  Street Address  City, ST Zip code  Phone number  Email address | Firstname MI Lastname, Ph.D.  Title  Department (if applicable)  Institution, company, or organization  Street Address  City, ST Zip code  Phone number  Email address | |

**Brutus B. Buckeye**  
Annual Activity Report Supplement

**1. OSU Chemistry PhD Program Entrance Date**: Choose an item.

**2. Research Division**: Choose an item.

**3. Conferences, Meetings, and Workshops Attended**Students who entered in 2019 should list any conferences/meetings/workshops attended during the 2019-2020 academic year.

Students who entered in 2018 or prior should update the list from their previous activity report with any conference/meeting/workshop attended since submitting that report.  
 **Please provide this information in the table below. An example is given on the first row of the table. Please delete the example before entering your information and please add rows to the table, if needed, to accommodate your complete list.**

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| **Month and Year** | **Name of Conference** | **Location of Conference** |
| August 2019 | American Chemical Society National Meeting | San Diego, CA |
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**4. Fellowship and Grants Applied for But Not Awarded**Students who entered in 2019 should list any fellowships/grants that were applied for during the 2019-2020 academic year, but were not or have not yet been awarded. Please list the status of your application (not funded, pending) as indicated in the example below.

Students who entered in 2018 or prior should update the list from their previous activity report with any fellowships/grants that were applied for, but were not or have not yet been awarded, since submitting that report. Please list the status (not funded, pending) of your application as indicated in the example below.  
 **Please provide this information in the table below. An example is given on the first row of the table. Please delete the example before entering your information and please add rows to the table, if needed, to accommodate your complete list.**

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| **Year** | **Name of Grant or Fellowship** | **Status of Application** |
| 2020 | Molecular Biophysics Training Program Fellowship | Not funded |
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**5. Required Classes Completed (6000+-level, in-division)**  
Students who entered in 2019 should list on the table below any required, in-division classes that were completed during the 2019-2020 academic year.

Students who entered in 2018 or prior should update the list from their previous activity report with any core classes that were completed since submitting that report.  
  
**An example is given on the first line of the table below. Please delete the example before entering your information. Please add rows to the table as needed to accommodate the list of all of your core classes.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEMESTER** | **COURSE NUMBER** | **COURSE NAME** | **# of CREDIT HOURS (CH)** | **FINAL GRADE** |
| AU19 | CHEM 6110 | Survey of Instrumental Methods | 1.5 | B+ |
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**6. Elective Courses Completed (6000+-level, out-of-division)**Students who entered in 2019 should list on the table below any elective, out-of-division classes that were completed during the 2019-2020 academic year.

Students who entered in 2018 or prior should update the list from their previous activity report with any core elective classes that were completed since submitting that report.  
  
**When entering your information on the table below, please follow the same format as in question 5 and add rows to the table as needed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEMESTER** | **COURSE NUMBER** | **COURSE NAME** | **# of CREDIT HOURS (CH)** | **FINAL GRADE** |
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**7. First-Year Oral Exam Result:** Choose an item.

**8.** If **defending an MS** was required before candidacy, have you defended your MS thesis? Choose an item.

* If “yes”, please enter the semester and year in which you defended: \_\_\_\_\_\_\_\_\_\_\_
* If “no”, please enter the semester and year in which you plan to defend: \_\_\_\_\_\_\_\_\_\_\_

**9.** Have you completed your **candidacy exam**? Choose an item.

* If “yes”, please enter the semester and year in which you completed candidacy: \_\_\_\_\_\_\_\_\_\_\_
* If “no”, please enter the semester and year in which you plan to complete candidacy: \_\_\_\_\_\_\_\_\_\_\_

**10.** Have you completed your **research-in-progress presentation**? (This presentation is typically given during the fourth year.)

* If “yes”, please enter the semester and year in which you gave your presentation and please specify the event at which you gave your presentation. (e.g. Autumn 2019, Analytical Division Seminar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If “no” AND you are entering your fourth, fifth, or sixth year in the program, please indicate the semester and year in which you intend to give your presentation and the event at which you plan to present. (e.g. Autumn 2020, Analytical Division Seminar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Providing the following information is optional:**

|  |  |
| --- | --- |
| What is your gender? |  |
| What is your race? |  |
| What is your ethnicity? |  |
| Are you economically disadvantaged, were you a first-generation college student and/or are you a first-generation graduate student? |  |
| Do you have a disability? |  |
| Are you a veteran of the United States military? |  |