

Graduate Education & Research Annual Student Review

Name: _____

Banner ID: _____

-----Portion Completed by the Student-----

Academic Progress

A copy of the current program of study should be attached to this report

Degree: _____ Program: _____

Entry semester: _____ Current GPA: _____

Most recent contact with academic advisor: _____

Date/expected date of qualifying exams (for PhD students only): _____ Passed? Yes No

Date/expected date of dissertation/thesis proposal (if applicable): _____ Approved? Yes No

Date/expected date of dissertation/thesis defense (if applicable): _____

Expected Graduation date: _____

Completed Courses:

Term	Course #	Course Title	Credits	Grade

Remaining required courses:

Term	Course	Term	Course

Professional Performance and Potential

Comment briefly on the following:

Research Progress

Focus of Thesis or Dissertation:

Work Completed: (e.g., literature review, project design, IRB approvals, prospectus, lab work, field work)

Work Planned for Coming Semester or Year:

Professional Development

Share any conferences, workshops, or training courses attended; oral presentations conducted, including the venue; manuscripts in progress, submitted, or published; professional memberships you hold:

Assistantship/Fellowship Activities

Type of Funding: _____

Assignments: (GTA/GRA/Fellowship)

Specific Duties: (include estimated hours per week)

Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty:

Academic Performance

Has the student made acceptable progress during the evaluation period? Please comment on the student's overall academic performance, including research & teaching experiences, if applicable, below:

Excellent

Satisfactory

Unsatisfactory

Please list the student's goals for the following academic year:

Recommendation

Continue Probation

Add to Probation

Lift Probation

N/A

Terms of Probation:

Student Your signature below indicates that you have discussed the contents of this review with your Academic Advisor.

Student: _____

Date: _____

Academic Advisor Your signature below indicates that you have discussed the contents of this review with the student.

Advisor: _____

Date: _____

(Print and Sign)

When the Academic Advisor and student have reviewed and signed this Annual Student Review, copies of the report should be given to the student, Academic Advisor, and the Parks Graduate Education Office. Students who wish to appeal any part of the Academic Advisor's evaluation may do so in writing to the Department Chair or the Associate Dean of Graduate Education.

****Note:** Departments may choose to use this form for annual or academic year evaluations.