ANNUAL ASSESSMENT OF PH.D. STUDENT PROGRESS

Student: ____________________________  Date: _____________

Chair: ______________________________  Adviser (if different than chair): ____________________________

Progress Rating

- Excellent
- Very Good
- Good
- Fair
- Poor

Advice for Research

[Blank space for advice]

Advice for Professional Development

[Blank space for advice]

Recommendations for Additional Study

[Blank space for recommendations]

Required actions (must be included when progress rating is Fair/Poor)

[Blank space for required actions]
Is a meeting of the full committee needed?  

Yes ☐ No ☐

If yes, when will it be scheduled? ____________________________________________

Summary Approval

Student:

__________________________________________  ____________________________________  ______________________
NAME (Print or Type)  SIGNATURE  DATE

Committee Chair:

__________________________________________  ____________________________________  ______________________
NAME (Print or Type)  SIGNATURE  DATE

Dissertation Adviser (if different than Chair):

__________________________________________  ____________________________________  ______________________
NAME (Print or Type)  SIGNATURE  DATE

Committee Members:

__________________________________________  ____________________________________  ______________________
NAME (Print or Type)  SIGNATURE  DATE

__________________________________________  ____________________________________  ______________________
NAME (Print or Type)  SIGNATURE  DATE

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