

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

Advice for Professional Development

Recommendations for Additional Study

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

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

_____	_____	_____
NAME (Print or Type)	SIGNATURE	DATE

_____	_____	_____
NAME (Print or Type)	SIGNATURE	DATE

_____	_____	_____
NAME (Print or Type)	SIGNATURE	DATE