

## 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.