GRADUATE STUDENT PROGRESS EVALUATION FORM

Student Name: ___________________________________________ Student ID: __________________

Advisory Committee Chairman: ___________________________ Date of Evaluation: ______________

Dates of Previous Evaluations: _____________________________________________________________

Graduate Level Coursework

Credits on Plan of Work: _______ Credits Completed: _______ GPA: ______________________

If Coursework deviates from Plan of Work, has approval of change been requested ______________

Research

% Completed

How Satisfactory

Scale 1 (Poor) to 5 (Excellent)

Laboratory Work

Thesis Preparation

Manuscript(s) Preparation

Research % Completed: ____________

Preliminary Exam (Ph.D. Students Only)

Dates Passed: Written Exam ______________________ Oral Exam ___________________________

Prelim Topic: ________________________________________________________________

Recommendations:

Graduate program should continue ______________________________________________________

Graduate program should terminate _____________________________________________________

Graduate program should continue under following conditions:

Committee Comments:

Signatures of Advisory Committee Members:

____________________________________________  _____________________________________________

____________________________________________  _____________________________________________

____________________________________________  _____________________________________________

I have read this evaluation and discussed it with my committee.

______________________________  ______________________

Signature of Student 

Date

Student Comments:

______________________________

Signature of DGP or Department Head

Date