

Graduate Student Annual Review

This form must be completed in full ELECTRONICALLY, discussed in detail with the faculty chair and then reviewed by the remaining committee members.

*After all signatures have been received, this review must be submitted to the Graduate Office by May 15 of **each year**.*

Date of Review: _____

| Student Information | | | | |
|--|--------------|-------------------|--------------------------|-----------------------------|
| Name: | | | | |
| Committee Chair: | | | | |
| First Term Attended: | | | Estimated Graduate Date: | |
| Completion date: | Degree Plan: | Prelim/ Proposal: | All Coursework: | Final Thesis/ Dissertation: |
| What are your career goals after graduation? | | | | |

| | |
|---|-----------|
| Tentative Thesis/Dissertation title: | |
| Current status: | |
| Committee Members | Chair: |
| | Co-chair: |
| | Members: |

| Coursework Completed Since Last Review | | |
|--|--------|-------|
| Semester | Course | Grade |
| | | |
| | | |
| | | |
| | | |

| Research Summary | | Chair Comments |
|------------------------------|--|----------------|
| Research Interest and Goals: | | |
| Research Activities: | | |

| Research Plans for Coming Year: (Please indicate what specific activities you hope to accomplish, including writing research, etc.) | | Chair Comments |
|---|--|----------------|
| <i>Project 1:</i> | | |
| <i>Project 2:</i> | | |
| <i>Project 3:</i> | | |

| | |
|---|-----------------------|
| Manuscripts in progress: <i>(give tentative title and co-authors)</i> | Chair Comments |
| | |
| Talk/Paper Presentations to date: | Chair Comments |
| | |
| Poster Sessions to date: | Chair Comments |
| | |
| Publications To Date: <i>(Provide complete references of all your publications to date; include papers that are under review, and where they were submitted)</i> | Chair Comments |
| | |

Awards/Grants RECEIVED since you started: *(Please summarize all grants, fellowships and/or awards you have received up to May 1st and/or have received since. You may include any tuition remission or travel funds received from the dept.)*

| | Funding Source | Amount | Date submitted (semester/year) | Topic/Title | Status (funded, not funded, or under review) |
|---|-----------------------|---------------|---|--------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Awards/Grants APPLIED for in the past year:

| | Funding Source | Amount | Date submitted (semester/year) | Topic/Title | Status (funded, not funded, or under review) |
|---|-----------------------|---------------|---|--------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

STUDENT COMMENTS/SUGGESTIONS FOR FUTURE COURSES, PROFESSIONAL TRAINING OPPORTUNITIES, etc.

| CHAIR OVERALL EVALUATION | | | | |
|---|----------------|--------------|--------------|-----------------|
| How well does the student meet your expectations in the following areas? | Exceeds | Meets | Below | Not Obs. |
| Exhibits a coherent understanding of discipline-specific knowledge | | | | |
| Applies discipline-specific knowledge in a range of context to solve problems | | | | |
| Uses a variety of sources & evaluates multiple points of view to analyze & integrate info | | | | |
| Communicates effectively | | | | |
| Teaches or explains the subject matter in their discipline to a broad range of audiences | | | | |
| Exhibits proficiency in technology appropriate to solve problems in their discipline | | | | |
| Chooses ethical courses of action in research and/or practice | | | | |
| Develops clear, hypothesis-driven research plans | | | | |
| Conducts valid, data-supported and theoretically consistent research | | | | |
| Effectively disseminates research results in appropriate contexts | | | | |

| CHAIR COMMENTS/SUGGESTIONS FOR FUTURE COURSES, PROFESSIONAL TRAINING OPPORTUNITIES, etc. | | | | |
|---|---------------------------|---------------------------|------------------|--|
| Overall Score: _____/100 | | | | |
| 100 | -----75----- | -----50----- | -----0 | |
| Exceeds Expectations | Meets Expectations | Below Expectations | Dismissed | |

We have discussed this evaluation and have a plan for continued improvement.

* Please type name/date in the box and sign on the line *

| | | |
|------------------|------------------|------------------|
| Student | Faculty Chair | Date |
| | | |
| Committee Member | Committee Member | Committee Member |
| | | |

| Committee Comments |
|---------------------------|
| |