Student Annual Review Guidelines

All graduate programs must complete an annual review of each graduate student. The elements of annual review include:

- Cumulative record including admission and classification information, course work, research proposals and all examinations, i.e., advisory, placement, qualifying, preliminary and final examinations, and progress since last review.
- Qualitative assessment by faculty of progress in research and teaching, as appropriate.
- Statement as to the rate of progress, i.e., satisfactory or unsatisfactory.
- Expectations for the next review period.
- During spring semester, the department/program chair will give written notification to each graduate student of his/her performance. After appropriate faculty have been consulted, the annual evaluation of those students considered deficient must be sent to the Dean of the Graduate School to be placed in the student's official file.
- If an annual review for a student is less than satisfactory, a written copy of that review should be forwarded to the Graduate School.
- If the student has been on an assistantship appointment in the academic year for this review, please be sure to have the student certify that the terms of the assistantship have been met. Language is included at the end of this form.

Annual Review Year:				
Student:	Date:			
Degree sought:				
Degree status:				
Year/term studies began:				
Has program of study been app	proved by your committee and filed? Ye	es No		
If no, anticipated date to file	e is:			
Thesis/dissertation title:				
Advisor:	lvisor: Co-advisor:			
Graduate advisory committee:				
0				
0				
0				
0				
Number of graduate advisory of	committee meetings since last review:			

Sample of items to include:

Date of most recent meeting:

PhD Students:

Has dissertation proposal been approved? Yes No

If no, anticipated date of proposal defense:

Has preliminary examination been passed? Yes No

If no, anticipated date of oral prelim?

	Rating					
Category	Excellent	Good	Average	Fair	Poor*	NA
Academic Performance						
Research Performance						
Work Habits						
Technical Skills						
Rate of Progress						
Communication Skills						
Teaching Performance						
Overall Rating						
* If poor or unsatisfactor	y, the CSS Cha	ir will mee	t with the thesi	s or disseri	tation comm	ittee to

develop formal written recommendations.

1. Academic progress since last review:

- Cumulative GPA in the graduate program:
- 2. Research progress since last review:

3. Professional activities (include):

- Awards or scholarships since last review:
- Meetings attended:
- Abstracts/papers published:
- Presentations given:
- Courses TA'd (course and semester):

4. Specific conditions or expectations that must be fulfilled prior to next review:

Enrollment should be continued	or discontinued
Signatures:	
Major Advisor:	Date:
Campus Advisor:	Date:
(If major advisor is off-campus, the campus advisor's responsibility to ensure that the ca	advisor must also sign. It is the advisor major Impus advisor signs.)
To be signed by student : This evaluation has been discussed with me.	
	Signature Date
Comments on review by student (optional):	

Certification of Assistantship Duties (if applicable):

If the student served in an assistantship position during the past year, please have the student review and sign below, along with the student's faculty advisor or supervisor.

Student: The graduate assistantship position that you have held during this past year and the related tuition waivers were contingent upon factors as outlined in your offer letter. By signing below, you certify you have met the following contingent factors for the preceding semester(s) during which you held an assistantship (circle all that apply: fall / spring / summer / year: _____):

- I remained enrolled full time (at least 10 credits as defined in Graduate School policy manual, chapter 9) during the period of the appointment.
- I maintained a 3.0 cumulative GPA during the period of the appointment.
- I met the service requirement of an average of 20 hours per week for 0.5 FTE as scheduled by my department/supervisor (or based on hours required for partial FTE appointment).

Student Sign/Date

Faculty Advisor/Supervisor Sign/Date