# Annual Assessment of Ph.D. Students' Academic Progress

**Instruction:**

Students are to complete the annual assessment with their advisors. The completed form need to be handed into the Director of the Doctoral program by March 31.

Student Name: Advisor:

Academic Year Completed:

Date of Comprehensive example completed: Dissertation Proposal Approved:

Date of Dissertation Defense:

# First-Year Courses

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Semester/Year** |  | **Semester/Year** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Second Years Courses**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Semester/Year** |  | **Semester/Year** |
|  |  |  |  |
|  |  |  |  |
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**\*Semester Medical Leave of Absence taken:**

|  |  |
| --- | --- |
| **Reason** | **Semester/Year** |

**Assessment of Student’s Progress**

**Student’s progress is of concern: YES NO**

**If the faculty is concerned about the student’s progress. Please briefly explain.**

**Please briefly describe the plans that have been developed with the student to address those concerns:**

Student’s Signature: Date:

Advisor’s Signature: Date:

PhD Program Director’s Signature: Date:

Student’s Signature: Date:

Advisor’s Signature: Date:

PhD Program Director’s Signature: Date: