

Annual Doctoral Graduate Student Evaluation

Name of Student: _____ Date: _____

Name of Dissertation Director: _____ Period Covered: _____

TO BE COMPLETED BY STUDENT

A. Current number of semesters in program: _____

B. Courses in which you enrolled during this reporting period:

Fall				Spring			
Course	Number	Credits	Grade	Course	Number	Credits	Grade

C. Teaching or Research: list type and how many contact hours per week:
(if teaching provide the mean scores for question 19 of the Student Opinion of Instructor Survey:)

D. Proposal submitted to grad office? Yes ___ No ___ Date _____

E. Committee formed? Yes ___ No ___

Dissertation Director _____
Member (Co-Dissertation Director) _____
Member _____
Outside Member _____

F. Title, date and place of formal presentation (posters, seminar, journal club, paper, etc.): _____

G. Number of seminars attended: _____

H. Publications (attach reprint): _____

I. Scientific Meetings attended (name, date, place): _____

J. Source and amount of financial support for meeting attendance and research:

K. Date of papers submitted to the Graduate School for in-state reclassification (if applicable): _____

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY THE DISSERTATION ADVISOR

Student _____

- A. Performance of the student in the research laboratory is:
Excellent _____ Good _____ Fair _____ Poor _____
- B. Performance of student teaching abilities:
Excellent _____ Good _____ Fair _____ Poor _____ Not Observed _____
- C. Anticipated date of dissertation proposal presented to committee: _____
- D. Date student will/has requested in-state reclassification for tuition purpose: _____
- E. The research progress made **is/is not** sufficient to complete the research goals as outlined in the research proposal (explain):

- F. The written candidacy examination will be taken on: _____
- G. Proposed date for seminar presentation and dissertation defense: _____
- H. Student **is/is not** in academic difficulty and **no/the following** action should be taken: _____

Dissertation Director _____ **Date** _____

I have read the information above, including attached explanation letters (if any), and I understand the implications. My signature indicates having read the above but does not necessarily signify agreement with the information.

Student _____ **Date** _____

Student comments, if any: _____
