|  |  |
| --- | --- |
| Student: | Advisor: |
| **(Portion completed by the Student)**  Evaluation Semesters : **fall** **spring** **summer** | |
| Coursework **completed** in the fall  (including grades earned) | Academic achievements **completed** in the fall and spring  (including qualifying/comprehensive exams passed) |
| 1.  2.  3.  4.  5.  6. |  |
| Coursework, research credits and academic requirements **to be completed** in the spring and summer  (including qualifying/comprehensive exams passed) | |
| Academic plans for next year: | |
| **(Portion completed by the Advisor)**  Evaluation of Student Performance (check one): **satisfactory need improvement** | |
| Specific recommendations for performance improvement or additional comments: | |
| Student signature:  Date: | Advisor signature:  Date: |

**Please return completed form to C-213 Wells Hall, Graduate Office**

**DEADLINE February 22, 2019**