|  |  |
| --- | --- |
| 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**