

GRADUATE STUDENT SUMMARY

(Approved 10/23/97)

NAME _____ SS# _____ Birth Date _____

GENDER _____ RACE _____ NATIONALITY _____

DATE of ENTRY into GRADUATE PROGRAM _____

PREVIOUS SCHOOLS AND DEGREES:

ENTERING: GRE _____ GPA _____
Verbal Analytical Quantitative TOTAL

TOEFL _____ TSE _____ PCAT _____

FACULTY ADVISOR (DATE SELECTED): _____

DATE FACULTY COMMITTEE FORMED: _____

COMMITTEE MEMBERS: _____

DATE PASSED: WRITTEN PRELIM. _____ ORAL PRELIM. _____

DATE ADMITTED TO CANDIDACY: _____ Must be done within 3 yrs of enrolling as a full-time Ph.D. student. Must be done at least 2 semesters prior to the date on which the dissertation is to be submitted to the Graduate College. Students must be full-time (9 hr) after admission to candidacy.

DATE OF FINAL DEFENSE: _____

(Attach copy of Program Announcement)

TITLE OF DISSERTATION:

FIRST POSITION: (Include title, location, organization and home address).

GRADUATE STUDENT SEMESTER ASSESSMENT FORM

(Approved 10/23/97)

TO BE COMPLETED AT THE END OF THE
FALL AND SPRING SEMESTERS

STUDENT: _____ FACULTY ADVISOR _____

SEMESTER _____ DATE _____

I. PAST SEMESTER (A response of no to I.A. or I.B. requires an attached explanation and recommended plan of action):

A. Have the Course Objectives Agreed to Last Semester Been Met?

B. Have the Research Objectives Agreed to Last Semester Been Met?

II. CURRENT SEMESTER:

C. Courses to be completed during this semester.

D. Specific research objectives for this semester.

III. STUDENT COMMENTS ABOUT THE PROGRAM:

I agree that appropriate progress has / has not been made during the past semester.

Advisor's Signature/Date

Student's Signature/Date

Chair's Signature/Date

COLLEGE OF GRADUATE HEALTH SCIENCES
ANNUAL STUDENT PROGRESS REPORT
January 200_

Student Name _____ SS# _____

Program _____

Date Admitted to Candidacy (if applicable) _____

The faculty committee (or program advisor) met with the student on the following dates during the previous 12 months _____

In consultation with the student, we (I) have reviewed the student's progress toward the _____ degree. We note progress and problems for the student for this academic year:

Research Advisor _____ Date _____

Committee Members (if appointed)

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

The student has reviewed the committee report and agrees ____ or does not agree ____ with the findings.

Student Signature _____

Student comments should be made on an additional sheet if needed.

Program Chair (or Designee) _____ Date _____

Dean _____ Date _____ (Ver.11/29/02)