

**FIRST YEAR EVALUATION OF DOCTORAL STUDENTS**

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Area \_\_\_\_\_ Program \_\_\_\_\_

Faculty Counselor \_\_\_\_\_

## DEGREES COMPLETED:

Degree \_\_\_\_\_ Major \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

The area should schedule a counseling conference for each student who has completed two semesters of study for a doctorate in Education and made a decision as to the advisability of the continuing study. The decision is to be reported on this form, which is then placed in the student's file in the Student Academic Services Office, 1600 Tolman Hall.

***For Program Office Use:***

## RECOMMENDATION:

- (1) Continue work for \_\_\_\_\_ degree
- (2) Needs to correct deficiencies before beginning of fourth semester.
- (3) Terminate graduate study at this time.

1. Reasons for the above recommendation \_\_\_\_\_

\_\_\_\_\_

2. Papers or other evidence submitted \_\_\_\_\_

\_\_\_\_\_

3. Names of faculty participating in evaluation \_\_\_\_\_

\_\_\_\_\_

4. Grades: First semester GPA: \_\_\_\_\_ Number of 'I' Grades \_\_\_\_\_

Second semester GPA: \_\_\_\_\_ Number of 'I' Grades \_\_\_\_\_

## APPROVALS:

Area Speaker \_\_\_\_\_ Date \_\_\_\_\_

Head Graduate Advisor \_\_\_\_\_ Date \_\_\_\_\_