



## STUDENT INFORMATION

_____	_____
Name	Start Date in Graduate Program: Month/Year
_____	_____
Preceptor	Co-Chair (if applicable)
_____	_____
Graduate Cumulative GPA	Graduate Credits Completed

### 2016-17 Academic Year (Including Summer) Under Review

#### Preceptor's Evaluation of Student Performance:

	Superior	Satisfactory	Unsatisfactory	Inadequate Opportunity to Observe	Not Applicable
Dissertation Research					
Academic Progress					

#### Candidacy Exam: (First Year Meeting)

##### Has the student taken his/her Candidacy Exam?

\_\_\_\_\_ YES

Outcome: \_\_\_\_\_ Pass

\_\_\_\_\_ Failed with retake (2<sup>nd</sup> Candidacy Exam Date and Outcome: \_\_\_\_\_)

\_\_\_\_\_ Failed, not permitted to retake

\_\_\_\_\_ NO

Expected Date of Completion: \_\_\_\_\_

#### Comprehensive Exam

##### Has the student taken his/her Comprehensive Exam?

\_\_\_\_\_ YES

Outcome: \_\_\_\_\_ Pass

\_\_\_\_\_ Failed, Retaken (2<sup>nd</sup> Comprehensive Exam Date and Outcome: \_\_\_\_\_)

\_\_\_\_\_ Failed, not permitted to retake

\_\_\_\_\_ NO

Expected Date of Completion: \_\_\_\_\_



**If the student's progress for this review period is unsatisfactory**, please explain and summarize the plan to remediate, including specific timelines for improvement, planned meeting(s) with the full thesis committee and consequences if goals are not met (if more space is needed, please feel free to attach an additional sheet and include student name/faculty name/date and attach to this page):

**Please briefly describe the research, educational, and/or professional goals for the student over the next year. Be as specific or general as it appropriate. If this evaluation is at the end of the 4<sup>th</sup> year (or later), please discuss with the student potential research endpoints for the degree sought** (if more space is needed, please feel free to attach an additional sheet and include student name/faculty name/date and attach to this page):

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ADVISOR NAME:

\_\_\_\_\_

Print

Signature

Date

CO-ADVISOR NAME (if applicable):

\_\_\_\_\_

Print

Signature

Date

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**Note – Student signature is to signify presence at review and does not signify concurrence.** Students may submit comments related to their review within one week of the date that the review meeting was conducted, for attachment to the review.

\_\_\_\_\_

Student Signature

Date

**DUE: July 28, 2017**  
Return to:  
104 Chemistry Building