

Annual Review of Doctoral Students

Date of Annual Review: _____

Annual Review Committee Members:

Member: _____

Member: _____

Member: _____

Member: _____

Student Information

Name: _____ Address: _____

SSN: _____

Student ID Number: _____ Date of Birth: _____

Telephone Number: _____

Program of Study: _____

Date Enrolled into Program: _____

GPA at Enrollment: _____ Current GPA: _____

Residency Requirement Met: ____yes ____no

Annual Review Rating:

Continuation: _____

Continuation with Reservation: _____

Dismissal: _____

Comments:

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Comments:

Comprehensive Examination:

Date Examination One: _____

Date Examination Two: _____

Date Examination Three: _____

Date of Candidacy Status: _____

730 Enrollment by Year Following Comprehensive Examination:

(Must have 15 Credit Hours)

Date Dissertation Form Completed: _____

Date Dissertation Committee Approved by College Dean: _____

Date of Proposal Defense/Approval: _____

Date of Oral Defense of Dissertation: _____

Dissertation Committee:

Chair: _____

Member: _____

Member: _____

Member: _____

Outside Member: _____

Awards: _____

Grants: _____

Publications: _____

Presentations: _____

