

## Annual Review of Master's 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: \_\_\_\_\_ Thesis: \_\_\_yes \_\_\_no

GPA at Enrollment: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Annual Review Rating:

Continuation: \_\_\_\_\_

Continuation with Reservation: \_\_\_\_\_

Dismissal: \_\_\_\_\_

Comments:

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Telephone Number: \_\_\_\_\_

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Continuation with Reservation: \_\_\_\_\_

Dismissal: \_\_\_\_\_

Comments:



Comprehensive Examination:

Date Examination One: \_\_\_\_\_

Date Examination Two: \_\_\_\_\_

Date Examination Three: \_\_\_\_\_

Date of Candidacy Status: \_\_\_\_\_

700 Continuous Enrollment: \_\_\_\_\_

Date of Thesis Defense/Approval: \_\_\_\_\_

Date of Oral Defense of Thesis: \_\_\_\_\_

Thesis Committee:

Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Publications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Presentations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_