

**ANNUAL STUDENT EVALUATION**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date of last Evaluation: \_\_\_\_\_

Dept/Program: \_\_\_\_\_ Degree Sought: \_\_\_\_\_ Yr in Program: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Expected Date of Degree\* \_\_\_\_\_

Individual Development Plan Discussed with Student: \_\_\_\_\_

Link to "My Bibliography" \_\_\_\_\_

(Instructions for "My Bibliography" <http://www.ncbi.nlm.nih.gov/books/NBK53595/>)

**Student's overall progress is:**                      Satisfactory                      Unsatisfactory

If the student has made unsatisfactory progress the program must attach the correspondence that informs the student that their annual evaluation was unsatisfactory. This communication must specify the reasons for unsatisfactory evaluation, what must be done to receive a satisfactory evaluation, and specify a date for a second review.  
The student may submit a response to the unsatisfactory evaluation to the Graduate Dean .

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of the committee chair verifies that the student committee members listed below approve of this report.*

Type of student committee that performed Annual Evaluation:

Committee Member Names	Status	Participated in Evaluation?
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Chair/Liaison/Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

Chair/Liaison/Director Name: \_\_\_\_\_  
*Signature of department chair/liaison verifies that the graduate program approves of this Annual Evaluation.*

\*Students on an F1 Visa are expected to complete the degree sought within five (5) years after matriculation in a graduate program. A request for an extension of the degree completion time along with supporting documentation is required for enrollments beyond (5) years.  
Revised 10/30/15