

Student Name: _____

Form CoT GEC1

Annual Progress Review of Graduate Staff

Degree Program: _____ **Evaluation Year:** _____

Start Date: _____

Coursework Evaluation*

Meets Expectations Does Not Meet Expectations

Explanation:

Dissenting Views from Committee:

Research Evaluation*

Meets Expectations Does Not Meet Expectations

Explanation:

Dissenting Views from Committee:

Student Name:

Form CoT GEC1

Other Concerns*

Explanation:

Dissenting Views from Committee:

SUMMARY

Overall Recommended Actions and Deadlines:

Advisor Signature: _____ Student Signature: _____

Reviewed by Chair of Graduate Committee DATE _____