Student Name: ______________________ ID ______________ Degree:  M.S. _____ Ph.D. ______

Advisor: ___________________________

Research (Satisfactory) (*Unsatisfactory) -- Comments:

* Should be reported as U on 5980 or 6980 - Deficient areas must be specified and necessary corrective action must be outlined.

Course Work (Satisfactory) (Unsatisfactory) -- Comments:

Professional Development (Satisfactory) (Unsatisfactory) -- Comments:

Milestones

Signatures: ___________________________ Major Professor ___________________________ Student