Doctoral Student Annual Review Activity Report for Advisors

Student Name: ________________________  Advisor Name: __________________________
Program: _____________________________  Year in Program: ________________________

Do you believe your advisee is making adequate progress in his/her program? Explain.

Do you believe your advisee will graduate within his/her 7-year time limit?

Has your advisee completed his/her directed teaching satisfactorily? If not, when will he/she be doing their directed teaching?

If applicable, comment on your advisee’s progress in his/her research.

Other comments:

Please review this form with your advisee, sign the form, have your advisee sign the form, and return to the graduate secretary.

________________________   ______________   ______________   ______________
Advisor Signature  Date  Student Signature  Date