



# Annual Review of Master's Students

DATE OF ANNUAL REVIEW: \_\_\_\_\_

## Annual Review Committee Members

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

## Student Information

FULL NAME (First and Last): \_\_\_\_\_

WMU WIN: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DEPARTMENT/PROGRAM: \_\_\_\_\_

DATE ENROLLED: \_\_\_\_\_

GPA AT ENROLLMENT: \_\_\_\_\_ CURRENT GPA: \_\_\_\_\_

## Annual Review Rating

Continuation

Continuation with Reservation

Dismissal

Recommendations and/or requirements for student to maintain or improve annual review:



**Thesis Option**

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

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

**Thesis Committee**

CHAIR: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

OUTSIDE MEMBER: \_\_\_\_\_

Committee Appointment Form submitted to Graduate College

Awards:

Grants:

Publications:

Presentations: