** MS PROGRAM  
 Annual Review Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | **Date:** |  |
| **Advisor(s):** |  | | | |
| **Program Year:** |  | **Expected Graduation Date:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic/Title:** |  | | |
| **Committee Members:**  **(min 3; 1 external)** | **Chair**: | | |
| **Internal (dept) Members**: | | |
| **External Members**: | | |
| **Date of Proposal:**  (or projected date) |  | **Date of Defense:**  (or projected date) |  |
| **Current Status**  **(if not completed):** |  | | |

**Coursework**

Credits completed:       to be completed:       GPA:

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations

Satisfactory, you have met expectations

Unsatisfactory, you are below expectations

**Laboratory Responsibilities**

Description of lab responsibilities and accomplishments:

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations

Satisfactory, you have met expectations

Unsatisfactory, you are below expectations

**Independent Research**

Description of independent research:

Presentations/publications:

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations

Satisfactory, you have met expectations

Unsatisfactory, you are below expectations

**Professional Development**

Professional involvements (eg professional memberships, conferences attended):

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations

Satisfactory, you have met expectations

Unsatisfactory, you are below expectations

**Professional Behavior** (maturity, responsibility, ethical behavior, interactions with peers/faculty)

Mentor Comments:

Mentor Ratings

Exemplary, you have exceeded expectations

Satisfactory, you have met expectations

Unsatisfactory, you are below expectations

**Goals for Next Academic Year**

Coursework:

Research:

Teaching/TAing:

Professional Development:

Other:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatures** (type name if completing electronically) | |  | Date |
| Student: |  |  |  |
| Primary Mentor: |  |  |  |
| Secondary Mentor: if applicable |  |  |  |
| MS Program Director: |  |  |  |