** 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:  |       |  |       |