



GRADUATE STUDENT 20

ANNUAL REVIEW FORM

Name: _____

Year of Study: _____

Advisor: _____

Date: _____

PART A: GRADUATE STUDENT SELF-ASSESSMENT (To be completed by the graduate student)

This section should be completed and uploaded to your OneDrive folder no later than December 31st.

1. Have you completed the Responsible Conduct of Research course?

Yes

No

2. Courses completed in the past two semesters:

3. Planned courses for the next two semesters:

4. How do you think you performed in your research?

Where do you think you need improvement in your research?

5. Were you a teaching assistant? Yes No

How do you think you performed in this area?

Where do you think you need improvement?

6. Papers published/submitted in the last year

7. Conference and internal/informal presentations in the past year:

8. Research accomplishments:

Where do you think you need improvement in this area?

9. Plans/Goals (including research and courses) for the coming year:

10. Have you and your advisor formed your Thesis Committee yet? ☐ Yes ☐ No

If Yes, list names below:

11. Your Comments:

Student's signature:

Date:

PART B: FACULTY ADVISOR EVALUATION

To the advisor: This form should be filled with sufficient comments by the faculty advisor. It should be discussed with the student and signed by both the faculty advisor and student.

STUDENT NAME: _____ **FACULTY ADVISOR NAME:** _____

1) Educational Progress (Overall academic progress including course performance, DQE, dissertation):

2) Research Progress (Overall research progress including strengths and shortcomings, creativity and dedication, potential publications, plans for improvement)

3) Teaching: (teaching opportunities, TA opportunities, teaching training)

4) Professional Development (conduct, presentation, writing, and communication skills, teamwork, networking, career goals):

5) Logistics (graduation, present and future funding, specific grant requirements, progress towards post-Ph.D. objectives):

6) Ownership of Intellectual Property (Review the IP Policy and FAQ; describe expectations or concerns you have on IP ownership while working on the specific sponsored project)

7) Overall Assessment and Additional Discussion Points - next page (Strengths, major concerns if any, room for improvement, specific suggestions to address concerns):

OVERALL ASSESSMENT: ☐ **Satisfactory** ☐ **Unsatisfactory**

I have reviewed this document with my advisor and I have seen his/her comments

Student's signature: _____

Date: _____

Advisor's signature: _____

Date: _____

Additional Comments (Use this space to add any additional comments or continue answers from above.)