

ISSTBE PhD Program - Graduate Student Annual Evaluation Form

STUDENT MUST COMPLETE SECTION 1 BELOW

SECTION 1

Name of student: _____

Please check metrics that have been successfully completed:

Qualifying Exam

Course Work (Core+ Concentration + Specialization)

Comprehensive Exam (Dissertation Proposal)

Peer-reviewed Journal Publications

If so, how many? _____

Patent Applications/Issued Patents

If so, how many? _____

Please list any additional activity not listed above that has been achieved in the past year:

Please comment on your progress towards your degree:

RESEARCH ADVISOR MUST COMPLETE SECTION 2 BELOW

SECTION 2

Rate your student's progress toward their degree (circle one):

Excellent

Good

Satisfactory

Fair

Unsatisfactory

Please comment on the student's progress towards their degree over the past year:

Signature of Student

Date

Signature of Research Advisor

Date

Please email a copy of this document along with the student's current flight plan to the PhD Program Directors and retain the original for your records.