

ANNUAL STUDENT EVALUATION

OUHSC Graduate College

Student Name:	ID:	Date:	Evaluation Period:
Dept/Program:	Degree Sought:	MS PhD	Yr in Program:
Advisor Name	Expected Date of Degree Completion		
Individual Development Plan Discussed with Student:	Yes	No	
Student's overall progress is:	Satisfactory	Unsatisfactory	

If the student has made **unsatisfactory progress** the department must provide the communication with student informing them that their annual evaluation was unsatisfactory. This communication must specify rationale for unsatisfactory evaluation, what must be done to receive a satisfactory evaluation, and specify a time for a second review. Student may submit to the Graduate Dean a typed response to the unsatisfactory evaluation.

Student Signature _____ Print Name _____ Date _____

Committee Chair Signature _____ Print Name _____ Date _____

Signature of the committee chair verifies that the student committee members listed below approve of this report.

Committee Member Names (list names of student's committee members who participated in Annual Evaluation)

- 1.
- 2.
- 3.
- 4.
- 5.

Type of student committee that performed Annual Evaluation: Advisory Doctoral Thesis

Department Chair/Liaison Signature _____

Print Name _____ Date _____

Signature of department chair/liaison verifies that the graduate program approves of this Annual Evaluation.