

Graduate Student Progress Report

Please complete this form and return fully signed form to the Academic Program Coordinator.

TO BE COMPLETED BY STUDENT

Semester and year for this progress report (i.e., Spring 2018):	
Name of Student:	Student ID Number:
Name of Advisor/Committee Chair:	Student Degree Program (MS/AMP/PhD):
Graduate Committee Member:	
Semester and year student entered the program (i.e., Spring 2015):	
Date student met with Advisor:	Date student met with committee members:
(once completed, please send to your faculty advisor)	
TO BE COMPLETED BY FACULTY ADVISOR	
Please select response that best reflects student's academic progres	ss:
Student is making satisfactory progress toward the degree	
$___$ Student is NOT making satisfactory progress toward the degree	
If the student is <u>not</u> making satisfactory progress towards the degree 1. A statement describing why the student is not meeting the	-
2. A statement that explains what steps the student needs to	complete to achieve satisfactory progress.
Committee recommends dismissal of student	
If Committee recommends the student for dismissal, please provide student for dismissal. The statement should include the date of the	· • · · · · · · · · · · · · · · · · · ·
UPON COMPLETION OF SEMESTER ACADEMIC PROGRESS REVIEW The results of the review were communicated to the student by the face-to-face meeting electronic meeting (i.e., Sky) On this Date:	
If the Major Advisor was not able to conduct the review, the major a notification sent to student and/or copy of written notification mails	
Signature of Major Advisor:	Date:

Signature of Graduate Student:	Date:
Signature of Department Head:	Date: