
GRADUATE STUDENT ADVISING & PROGRESS REPORT 2014-2015 ACADEMIC YEAR

Student Name: _____

Student ID: _____

Major: _____

Degree Objective: _____

1. Degree requirements that remain to be fulfilled:

2. Estimated date when degree requirements will be fulfilled: _____

3. Check the progress that the student has made over the past academic year:

___ Satisfactory

___ Marginal

___ Unsatisfactory

If you indicated that the student is making Marginal or Unsatisfactory progress, please specify why and explain, either here or in an attached memorandum, the precise conditions, including deadlines, the student must fulfill to achieve a satisfactory report and return to good academic standing:

Student Signature: _____ Date: _____

Thesis Committee Chairperson (if appropriate) Signature: _____ Date: _____

Graduate Adviser Signature: _____ Date: _____