ANNUAL REVIEW OF GRADUATE STUDENT PROGRESS
Department of Microbiology and Plant Pathology
Academic Year ______-_______

Deadline: 3rd Friday of July

Name of student: ____________________________ Date prepared: ________________
Program: M.S. □ Ph.D. □ Quarter entered program: ________________

Qualifying exam date(s): WRITTEN __________________ ORAL __________________

Dissertation title (working title):
____________________________________________________________________

Anticipated Exit Quarter: ________________
____________________________________________________________________

ACADEMIC PROGRESS

REQUIRED COURSE WORK (Please review requirement worksheet and comment if you have completed core courses and proposed course work to be taken):

____________________________________________________________________

 Have deficiencies been satisfied? □ Yes, □ No, If no please indicate which deficiencies remain and when they will be met: ________________

RESEARCH (Please briefly describe your research accomplishments this year and indicate goals for next year):

____________________________________________________________________
ACCOMPLISHMENTS (Please indicate any special accomplishments, meetings attended, awards, publications, etc. received by you this year):

SUGGESTIONS/COMMENTS:

Major Professor Name: ___________________________ Signature: ________________________________

Committee Member Name: ___________________________ Signature: ________________________________

Committee Member Name: ___________________________ Signature: ________________________________

Student Name: ___________________________ Signature: ________________________________

Graduate Advisor Name: ___________________________ Signature: ________________________________

Please submit the completed form to Laura McGeehan in 1140C Batchelor Hall.
Deadline: 3rd Friday of July