



Department of Crop and Soil Science
Annual Academic Review Form Ph.D. Graduate Students

Name of Graduate Student: _____

Name of Major Advisor: _____

Degree Program: _____ **Program Start Date:** _____

Expected Completion Date: _____ **Date of Evaluation:** _____

Activity	Select one	Date
Coursework		
Program Committee Meeting		
Program filed in Office of Grad Ed.		
Written Prelim. Exam		
Oral Prelim. Exam		
Teaching requirement		
First Seminar		
Second Seminar		
Ethics course/training		
Thesis submitted to Grad Comm.		
Oral Exam/Thesis Defense		

Progress made in Thesis Project:

Goals for the Upcoming Year:

Assessment of Progress (To be filled out by the major professor)

Major professor(s): Please discuss your responses with your student.

Question	Yes	No
Student is making satisfactory progress in completing his/her course work.		
Student is making satisfactory progress in research		
Student is making satisfactory progress in writing of his/her thesis.		
Student has participated in professional and/or career development opportunities.		

If 'No' has been checked for any of the questions, you must attach a written summary of indicators the reasons that led to this conclusion and an academic performance improvement plan ([performance improvement plan template](#)).

When a student receives an unsatisfactory review the major professor, in consultation with the student, develops a [performance improvement plan](#).

Graduate Student's Endorsement: I have completed an annual review with my major advisor and understand that I have the right to discuss this evaluation with the department head. Furthermore, I understand that I can attach any comments, explanations, and rebuttals to this review.

Graduate Student's Signature: _____ **Date:** _____

Major Professor's Endorsement: I certify that I completed the evaluation form with the graduate student.

Major Professor Signature: _____ **Date:** _____