



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

Name of Graduate Student: _____

Name of Major Advisor: _____

Degree Program: _____

MS Thesis: _____ **MS Non-thesis:** _____

Program Start Date: _____

Expected Completion Date: _____

Date of Evaluation: _____

Activity		Circle one		Date
Coursework	Completed	Scheduled	Anticipated	N/A
Program Committee Meeting	Completed	Scheduled	Anticipated	N/A
Program filed in Grad. School	Completed	Scheduled	Anticipated	N/A
Written Prelim. Exam/Res. Proposal	Completed	Scheduled	Anticipated	N/A
Oral Prelim. Exam	Completed	Scheduled	Anticipated	N/A
Teaching requirement	Completed	Scheduled	Anticipated	N/A
First Seminar	Completed	Scheduled	Anticipated	N/A
Second Seminar	Completed	Scheduled	Anticipated	N/A
Ethics course/training	Completed	Scheduled	Anticipated	N/A
Thesis submitted to Grad Comm.	Completed	Scheduled	Anticipated	N/A
Oral Exam/Thesis Defense	Completed	Scheduled	Anticipated	N/A

Progress made in Thesis Project:

Goals for Upcoming Year:

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: