



**Department of Crop and Soil Science
Annual Review Form MS 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
	Completed	Scheduled	Anticipated	N/A	
Coursework	Completed	Scheduled	Anticipated	N/A	
Program Committee Meeting	Completed	Scheduled	Anticipated	N/A	
Official Program Approval	Completed	Scheduled	Anticipated	N/A	
Thesis/Non-thesis Topic Seminar	Completed	Scheduled	Anticipated	N/A	
Teaching requirement (if applicable)	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 or 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:** _____