MS STUDENT ANNUAL REVIEW

Please save your document with your last name, first name and degree (e.g., Smith, Mary–MS) and email to Griselda

Name ___________________________________________ Date ____________________________
SID ___________________________________________ Advisor ____________________________

Degree Objective: ___ MS ___ BSMS Quarter/Year admitted to program ______________________

Have you taken all require courses? ___ Yes ___ No If no, when will you be done? Qrt/Yr ________

Cumulative GPA (at end of spring 19) ________ Academic warning/probation qrt/yr (if applicable) _________

MS Student Milestones
Indicate your option to graduate: ___ Comp. Exam ___ Project ___ Thesis Expected completion qrt/yr ________
If you selected the MS Comp. Exam option, indicate: CEP questions taken__________ CEP questions passed ________

Accomplishments (use additional sheet if necessary)
List honors, fellowships, awards or other recognition during the 2018-19 academic year? ____________________________________________

List all Professional Conferences and Workshops Attended
____________________________________________________

Internship
Did you apply for Curricular Practical Training (CPT)? ___ Yes ___ No If yes, qtr/yr ________________
Company Location Position Start/end date
________________________________________________________

CEN Graduate Advisor comments (if necessary) ____________________________________________

TO BE COMPLETED BY FACULTY ADVISOR (in collaboration with MS student on project/thesis option only)
Please rate your advisee’s progress: ___ Excellent ___ Excellent/Good ___ Good ___ Good/Fair ___ Fair ___ Poor

What is your advisee next milestone?
___ Comprehensive Exam ___ MS Project ___ MS Thesis Quarter/Year __________

What needs to be accomplished in order to meet the next milestone?
______________________________________________________________

Where do you think the student could improve his/her performance (if applicable)? ________________________________

______________________________________________________________

Faculty Advisor’s name ____________________________ Signature _______________ Date ____________