**ANNUAL REVIEW OF GRADUATE STUDENT PROGRESS**

**Graduate Program in Microbiology**

Academic Year: ________ - ________

*Due the 3rd Friday in September*

**STUDENTS MUST ATTACH A 2-5 PAGE SUMMARY OF THEIR RESEARCH**

Name of student: ___________________________  Date prepared: ____________

Date entered program: ____________  Date SPEAK test passed, if applicable: ________

Qualifying exam dates: WRITTEN ____________ ORAL ____________

Dissertation title (*working title*):

________________________________________________________________________

________________________________________________________________________

Anticipated exit date: ____________

________________________________________________________________________

**ACADEMIC PROGRESS**

(This section to be filled out by student.)

Courses taken this past year:

<table>
<thead>
<tr>
<th>Fall Quarter</th>
<th>Winter Quarter</th>
<th>Spring Quarter</th>
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<td>Course</td>
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<td>Fall GPA</td>
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<td>Cum GPA</td>
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</table>

Courses remaining to take in subsequent years:
Teaching: (indicate courses TA'ed)

Have deficiencies been satisfied?
☐ Yes  ☐ No
If no please indicate which deficiencies remain and when they will be met.

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

____________________________________________________________

EVALUATION
(This section to be filled out by committee)

OVERALL EVALUATION OF STUDENT’S PROGRESS:

☐ Excellent  ☐ Very Good  ☐ Good  ☐ Needs significant improvement

SPECIFIC COMMENTS: (including recommendations on course work and research).

____________________________________________________________

STUDENT SIGNATURE ________________________________  MAJOR PROFESSOR/CHAIRMAN (signature)

____________________________________________________________

COMMITTEE MEMBER (Sign and Print Name)

____________________________________________________________

COMMITTEE MEMBER (Sign and Print Name)

____________________________________________________________

Graduate Advisor

Please return completed form and attachments to the MCBL Student Services Advisor, 1140C Batchelor Hall