

ANNUAL STUDENT PROGRESS REVIEW AND ADVISEMENT FORM

TEAL Doctoral Program in Education specializing in Curriculum and Instruction

***Students:** To assist you in completing your program and to provide continuing advisement, complete this form annually in consultation with your advisor. The form must be submitted by November 1 every year you are in the program to the Graduate Program Coordinator.*

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|--|--|----|--------------------|
| Student Name: | | A# | Date Admitted: |
| Email: | | | Date of Review: |
| initial Advisor/Supervisory Committee Chair: | | | Credits Completed: |

| Progress Toward Completion of Program | YES | NO |
|---|-----|----|
| 1. Performance in coursework is acceptable | | |
| 2. Responsible Conduct of Research CITI training (previously USU 6900) Semester Completed: | | |
| 3. Supervisory Committee Approval Form (SCAF) – approved Chairperson and supervisory committee (5 members) and submitted to Graduate Program Coordinator (required by the end of 3rd semester) Date Completed (if applicable): or Confirmed Current (if applicable): | | |
| 4. Concentration Area Planning Guide approved and submitted to Graduate Program Coordinator (required by the end of 3rd semester) | | |
| 5. Program of Study approved and submitted by Graduate Program Coordinator (required by the end of 3rd semester) Date Completed (if applicable): or Confirmed Current (if applicable): | | |
| 6. a. Comprehensive Examination scheduled (submit Comprehensive Examination Sign-Up Sheet to Graduate Program Coordinator (2 weeks prior to exam) Date of Exam (if applicable): | | |
| b. Comprehensive Examination completed and Comprehensive Examination Committee Judgement Form submitted to Graduate Program Coordinator Date Completed (if applicable): | | |
| 7. Dissertation topic selected: | | |
| 8. Student acknowledges the need for a professional editing review of their approved dissertation | | |
| 9. Dissertation Proposal Sign-Up Sheet and Title Page approved and submitted to Graduate Program Coordinator (2 weeks prior to defense) | | |
| 10. Application for Candidacy (ACDD) form submitted and approved to School of Graduate Studies (requires IRB approval; 3 months prior to defense) | | |
| 11. Residency Professional Requirements form submitted to Graduate Program Coordinator Date Submitted: Manuscript submitted for publication: Presentation at professional meeting: | | |

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| Recommendation or Guidance: (Only complete If items under Progress Toward Completion of Program are not completed within a five-year period after admission date, indicate course of action) | | | |
| | YES | NO | |
| a. TEAL Performance Improvement Plan (PIP) | | | |
| b. Advise candidate to reconsider program options | | | |
| c. Advise additional consultation with Graduate Program Director | | | |
| d. Other options, or actions, or conditions recommended by Supervisory Committee Chair: | | | |
| I acknowledge that I began my doctoral coursework in <input style="width: 150px;" type="text"/> semester and I am expected to finish <input style="width: 100px;" type="text"/> semester by <input style="width: 100px;" type="text"/> because the timeline for completion of my degree is 8 years from the date when I began taking coursework. | | | |
| Initials of Student: | <input style="width: 150px;" type="text"/> | | |

| | | | |
|-------------------|------|---------------------|------|
| Student Signature | Date | Advisor's Signature | Date |
|-------------------|------|---------------------|------|

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|--|--|
| Student made no contact to complete this progress review. (Attach documents of attempts to contact student.) | |
| Advisor Signature: | <input style="width: 300px;" type="text"/> |
| Additional Advisor Comments: | |