

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 April 1 every year you are in the program to the Graduate Program Coordinator.

Student Name:

A

Email:

Initial Advisor/Committee Chair:

Date of Review:

Credits Completed:

Progress Toward Completion of Program

	YES	NO
1. Performance in coursework is acceptable	<input type="checkbox"/>	<input type="checkbox"/>
2. Responsible Conduct Research CITI training (Previously USU 6900) Semester Completed:	<input type="checkbox"/>	<input type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>
4. Concentration Area Planning Guide approved and submitted to Graduate Program Coordinator (required by the end of 3rd semester)	<input type="checkbox"/>	<input type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>
6a. Comprehensive Examination scheduled (submit Comprehensive Examination Sign-Up Sheet to Graduate Program Coordinator 2 weeks prior to exam) Date of Exam (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>
6b. Comprehensive Examination completed and Comprehensive Examination Committee Judgement Form submitted to Graduate Program Coordinator Date Completed (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>
7. Dissertation topic selected:	<input type="checkbox"/>	<input type="checkbox"/>
8. Student acknowledges the need for a professional editing review of their approved dissertation	<input type="checkbox"/>	<input type="checkbox"/>
9. Dissertation Proposal Sign-Up Sheet and Title Page approved and submitted to Graduate Program Coordinator (2 weeks prior to defense)	<input type="checkbox"/>	<input type="checkbox"/>
10. Application for Candidacy (ACDD) form submitted and approved to School of Graduate Studies (requires IRB approval; 3 months prior to final defense)	<input type="checkbox"/>	<input type="checkbox"/>
11. Residency Professional Requirement: Form submitted to Graduate Program Coordinator Date Submitted: Manuscript submitted for publication: Presentation at professional meeting:	<input type="checkbox"/>	<input type="checkbox"/>

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. Advise candidate to reconsider program options	<input type="checkbox"/>	<input type="checkbox"/>
b. Advise additional consultation with Graduate Program Director	<input type="checkbox"/>	<input type="checkbox"/>
c. Other options, or actions, or conditions recommended by Supervisory Committee Chair	<input type="checkbox"/>	<input type="checkbox"/>
I acknowledge that I began my doctoral coursework in <table border="1" style="display: inline-table; width: 50px; height: 15px;"></table> semester and I must finish by <table border="1" style="display: inline-table; width: 50px; height: 15px;"></table> semester because the timeline for completion of my degree is 8 years from the date when I began taking coursework.		
Initials of Student:	<table border="1" style="display: inline-table; width: 100px; height: 15px;"></table>	

Student Signature	Date	Advisor's Signature	Date
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If student made no contact to complete this progress review, attach documents of attempts to contact student.

Advisor Signature:

Additional Advisor Comments: