



Office of Graduate Programs  
Parks College of Engineering, Aviation & Technology  
Saint Louis University

## Annual Student Review

Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

-----Portion Completed by the Student-----

### Academic Progress

*\*A copy of the current program of study should be attached to this report\**

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

Date of entrance into program: \_\_\_\_\_

Expected completion date: \_\_\_\_\_

\*If admitted under probationary status, date or expected date  
probationary status will be removed: \_\_\_\_\_

Most recent contact with academic advisor: \_\_\_\_\_

Date or expected date of qualifying exams (if applicable): \_\_\_\_\_ Passed?  
*For Ph.D. student only*

Date or expected date of dissertation/thesis proposal (if applicable): \_\_\_\_\_ Approved?

Date or expected date of Advancement to Candidacy: \_\_\_\_\_

Date or expected date of dissertation/thesis defense (if applicable): \_\_\_\_\_

Current GPA: \_\_\_\_\_ Number of credits hours below grade of 3.0: \_\_\_\_\_

Completed Courses:

Term	Course #	Course Title	Credits	Grade

Remaining required courses:

Term	Course	Term	Course

## **Professional Performance and Potential**

*Comment briefly on the following:*

### Research Progress

Focus of Thesis or Dissertation:

Work Completed: (e.g., literature review, project design, IRB approvals, prospectus, lab work, field work)

Work Planned for Coming Semester or Year:

### Products

Conferences:

Oral Presentations: (include venue)

Manuscripts: (in progress/submitted/published)

### Assistantship/Fellowship Activities

Type of Funding: \_\_\_\_\_

Assignments: (GTA/GRA/Fellowship)

Specific Duties: (include estimated hours per week)

### Professional Development

Workshops or Training Courses Attended:

Professional Memberships:

Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty:

-----Portion Completed by Academic Advisor and Dept. Chair-----

**Academic Performance**

Has the student made acceptable progress during the evaluation period? Please comment below:

**Satisfactory**

**Unsatisfactory**

Please comment on the overall academic performance of the student, including teaching experiences, if applicable:

**Recommendation**

**Continue Probation**

**Add to Probation**

**Lift Probation**

**N/A**

- Terms of Probation:*
- 1)
  - 2)
  - 3)

**Student**      Your signature below indicates that you have discussed the contents of this review with your Academic Advisor.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Advisor**      Your signature below indicates that you have discussed the contents of this review with the student.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print and Sign)*

**Final Approval**

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Print and Sign)*

*When the Department Chair, Academic Advisor and student have reviewed and signed this annual review, copies of the report should be given to the student, Academic Advisor, and the Graduate Programs Office. Students who wish to appeal any part of the Academic Advisor's evaluation may do so in writing to the Department Chair or the Director of Graduate Programs.*

*\*\*Note: Departments may choose to use this form for annual or academic year evaluations.*