College of Graduate Studies Annual Report
Of Progress and Performance for Master's and Specialist Students

Student Name _____ ID/Vandal # _____

Degree _____ Major _____ Email Address _____

Student Directions: It is the **Master's or Specialist student's responsibility** to initiate the evaluation process; however, an evaluation may be initiated **at any time** by the Major Professor. If a Major Professor has not been appointed, the Department Chair will conduct the evaluation. The evaluation must be completed **annually by the second Friday of April**.

Major Professor or Unit Administrator: This form is to be used when evaluating student progress and performance. Please consult with the student and then respond to the following statements. If you wish to elaborate on any point, please use a separate page.

Timely completion of major professor and/or committee form.	Yes	No	NA
Timely posting of educational plan to Degree Audit.	Yes	No	NA
Timely development of the non-thesis requirement or thesis topic.	Yes	No	NA
Timely Acceptable progress toward completion of thesis or non-thesis requirement	Yes	No	NA
Meeting department responsibilities	Yes	No	NA
Maintaining working relationships with fellow students, staff, and other university departments and offices	Yes	No	NA
Growth as a scholar and a researcher.	Yes	No	NA

Other comments or concerns may be included on the other side or a separate sheet.

Student signature below indicates that you have discussed the contents of this evaluation report with your Major Professor or Department Chair

_____ _____
Student Signature Date

Major Professor signature indicates that you have discussed the contents of this evaluation report with your student. Recommended action for the student is:

☐ Continuance in Program ☐ Warning* ☐ Dismissal*

_____ _____ _____
Major Professor Signature Date Printed Name

Department Chair signature indicates that the contents of this evaluation report have been reviewed and approved at the program's administrative level.

_____ _____ _____
Department Chair Signature Date Printed Name

*Please submit a copy of this report to the College of Graduate Studies (COGS) **only if a warning or dismissal** is recommended. Email (lunger@uidaho.edu). If a continuance in program is recommended, the report may be filed with the student and department and does not need to be submitted to COGS.

If dismissal is recommended, a meeting will be scheduled with all parties and the COGS Dean. Students who wish to appeal any part of this evaluation may do so in writing to the unit administrator with notification to the COGS Dean. Further appeals will be submitted to the COGS Dean and forwarded to the Graduate Petitions Committee.