

FIRST YEAR EVALUATION OF DOCTORAL STUDENTS

Name _____ Degree _____

Address _____
Street City State Zip

Telephone _____ Area _____ Program _____

Faculty Counselor _____

DEGREES COMPLETED:

Degree _____ Major _____ Institution _____ Date _____

Degree _____ Major _____ Institution _____ Date _____

The area should schedule a counseling conference for each student who has completed two semesters of study for a doctorate in Education and made a decision as to the advisability of continuing study. The decision is to be reported on this form which is then placed in the student's file in the Student Academic Services Office, 1600 Tolman Hall.

For Program Office use:

- RECOMMENDATION: [] (1) Continue work for _____ degree.
[] (2) Needs to correct deficiencies before beginning of fourth semester.
[] (3) Terminate graduate study at this time.

1. Reasons for the above recommendation _____

2. Papers or other evidence submitted _____

3. Names of faculty participating in evaluation _____

4. Grades: First semester GPA: _____ Number of 'I' Grades: _____
Second semester GPA: _____ Number of 'I' Grades: _____

APPROVALS:

Area Speaker _____ Date _____

Head Graduate Adviser _____ Date _____