

To be completed by the Interim Faculty Mentor / Supervising Professor

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

Please comment on the student's overall academic performance.

Signatures

The signatures below indicate that the professor and the student have seen and discussed this report.

Student: _____ Date: _____

Faculty Member: _____ Date: _____

Graduate Chair: _____ Date: _____

The original, signed progress report shall be placed in the student's academic file. Copies can be made upon request. Students who wish to appeal any part of the faculty member's evaluation may do so in writing to the Graduate Chair.