

DATE: _____ NAME: _____ ADVISOR: _____

Annual Ph.D. Candidate-Advisor Conference v.4

Student should fill out form first and then consult with advisor to obtain his/her opinion.
Completed form should be returned to Mary Pearson in 1108 NCEL before APRIL 1

A. To be completed by the Ph.D. Candidate:

Dates:	Estimated	Actual
Date of Admission to Graduate Studies:	XXXXXXXXXXXXXXXXXX	
Qualification Procedure:	within 2 yrs after admission	
Preliminary Exam Date:		
Graduation:		

On-line Responsible Conduct of Research	Date completed:
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1. Presentations at national meetings and refereed journal publications to date:		<input type="checkbox"/> None to date. <input type="checkbox"/> See appended list.
Question	Doctoral Candidate's Opinion	Advisor's Opinion
2 Thesis title (tentative):		<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.
3. Principal goal(s) of the study:		<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.
4. Progress to date has been....	<input type="checkbox"/> ahead of plan. <input type="checkbox"/> as planned. <input type="checkbox"/> behind plan.	<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.
5. Major Accomplishments during past year.		<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.

6. The resources required for the study are...	<input type="checkbox"/> available. <input type="checkbox"/> lacking (explain)	<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.
7. Remaining challenges or difficulties...		<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.
8. Significant teaching experience...	Explain any major TA duties or significant teaching experience	<input type="checkbox"/> I agree! <input type="checkbox"/> See my comments.

B. Advisor's general assessment of Ph.D. Candidate's performance to date: (please rank performance on scale below by checking appropriate box.)

???	NORMAL										SUPER		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Advisor's Comments: (As appropriate, please comment upon items above)

D. New future procedures or redirections of effort agreed to:

Advisor Last name (printed): _____ Advisor Signature: _____

Student Name Printed: _____ UIN: _____

Student Signature: _____ Date: _____