KCH Annual Graduate Student Review and Evaluation: Student Form

- 1. Student's Name:_____
- 2. Graduate Advisor's Name:
- 3. Degree being sought: __MS KIN __MS CHLH __MS REHB __PhD KIN __PhD CHLH __MPH
- 4. Brief Statement of Career Goals (maximum 100 words):

5. Brief Description of Research or Professional Interests (maximum 250 words):

6. Factors that May Have Hindered Progress Towards Degree:

Course Rubric and Title	Grade	Semester Taken	400-level hrs	500-level hrs
			Total:	Total:

7. List <u>all</u> courses and grades completed to date:

8. Thesis/Dissertation Committee (if not formed leave section blank. See Graduate Handbook for specifics):

Faculty Committee Members	Academic Rank	Home Department
(advisor)		

9. Date of 2 yr Doctoral Review (PhD students only):

10. Date of Qualifying/Preliminary Exam (if applicable):

Title of Thesis/Dissertation Research (if not known leave blank):

11. Anticipated Date of Final Exam/Degree Completion (month, year):_____

 Student Signature:
 Date:

Advisor Signature:
 Date: