\*\*\*date\*\*\*\*

Dear \*\*\*\*\*\*\*\*,

This letter serves as your annual evaluation letter and provides feedback on your progress in the \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* program for the \*\*\*\*\*\*\* academic year.

Notable accomplishments include: [*formal steps in program completion, see examples below*; *name accomplishments*]

**Comprehensive students:**

Proposal not yet defended.

Proposal defended.

Obtained IRB approval.

Data collection/analysisunderway

Master's thesis not defended.

Master's thesis defended

**Non-Comprehensive students:**

Filed Supervisory Committee form

Filed Program of Studies form

Comprehensive exams

Funding activities

Obtained IRB approval

Data collection/analysis

In addition, you have shown professional development in the following areas [*professional development not related to formal steps of program completion, examples below*]:

**\*Dissemination:** e.g., poster or oral presentations, paper submission or other dissemination efforts

**\*Leadership:** e.g., leadership roles in student or professional organization

**\*Teaching Skill Acquisition:** e.g., taking significant responsibility for course development or implementation. participating in teaching workshops

**\*Research Skill Acquisition:** e.g., training in qualitative or quantitative software (SPSS, MAXqda)

**\*Translational Science:** e.g., summary of research for community dissemination

**\*Service:** e.g., university/department service, manuscript/conference proposal review

Areas of Growth and/or Problems or Concerns. Despite notable accomplishments identified above, *[briefly describe areas of growth and/or problems or concerns]*. Campus [or community] resources exist that could be of great assistance, including: *[e.g., CAPS, writing center, international student , center for transformative teaching, office of graduate studies]*

In summary, \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*. Keep up the great work!

Sincerely,

[Advisor Name], On behalf of the Graduate Education Committee

**Student is making adequate progress toward program completion (check one):**

**YES  NO**

**Signed and Dated:**

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Advisor** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Student** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date** |