

University at Buffalo
Annual Review Report for M.A. / Ph.D. Students
ACADEMIC ADVISER/DGS SECTION

Student Name: _____

Date last conferred with student: _____

Please comment on the student's overall academic performance including teaching experiences, any strategies for improving performance, specific timeframes for completing expected milestones, etc.:

Major Professor/Director of Graduate Studies: Your signature below indicates that this student is making acceptable progress in their degree program.

*Major Professor: _____ Date: _____

DGS or DMP: _____ Date: _____

*M.A. students who do not have an Adviser should secure a signature from the Director of the MA Program.

Please submit this form along with all supplemental documents to Amie Schirching in the History Department by the last day of classes in the spring semester.