

**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.:

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**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 Tammy Granata in the History Department by the last day of classes in the spring semester.**