

University at Buffalo  
Annual Review Report for Ph.D. Students  
**STUDENT SECTION**

Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

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**Academic Progress**

**Attach copy of current unofficial transcript**

Date of admission to the current program: \_\_\_\_\_ Expected completion Date: \_\_\_\_\_

Date or expected date of qualifying exams: \_\_\_\_\_ Passed? \_\_\_\_\_

Date or expected date of dissertation proposal defense: \_\_\_\_\_

Date or expected date of dissertation defense: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Number of Incomplete Grades: \_\_\_\_\_

Number of Resigned Courses: \_\_\_\_\_

Remaining Coursework:

**Professional Performance and Potential**

1. Briefly comment on your academic/research progress during the past year. Note areas in which you are experiencing any difficulty.
  
  
2. Briefly comment on your progress toward your career goals during the past year.
  
  
3. What are your academic goals for the coming year?

**Student should attach the following information where applicable**

1. Papers published or submitted
2. Abstracts accepted/Presentations at professional conferences
3. Honors/Awards/Grant or Fellowship applications
4. Participation in Teaching
5. Participation in an internship
6. Service to the Department, School, University or a Professional Organization
7. Financial support received (TA, RA, internal fellowship, etc.)

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ACADEMIC ADVISOR/DGS SECTION

Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

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**Date last conferred with student:** \_\_\_\_\_

**Academic Performance**

1. \_\_\_\_\_ The student's performance is well above adequate and he/she should be commended.
2. \_\_\_\_\_ The student's performance is adequate and he/she should be retained.
3. \_\_\_\_\_ The student's general academic performance is not adequate, it is the considered opinion of the major professor that he/she should not continue in his/her present program. A terminal masters should be considered.
4. \_\_\_\_\_ The student's current academic performance is below standard and a probationary letter should be issued.

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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**Student** Your signature below indicates that you have discussed the contents of this review report with your major advisor.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Major Professor** Your signature below indicates that you have discussed the contents of this review report with the student

Major Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept Chair or DGS: \_\_\_\_\_ Date: \_\_\_\_\_

The original review report is placed in the student's file and copies given to the student and the major advisor.