

Physics Department Graduate Student Thesis Research Feedback

Year-end Assessment to be completed in Spring

Student Name:

Reporting Period: _____ to _____ Course (check one): 698 (M.S.) or 699 (Ph.D.)

Progress Summary: (To be prepared by the student. This form must be accompanied by a written set of goals and expectations agreed upon by the advisor and the advisee at the beginning of the reporting period unless the goals had been filed with the Department previously. Use additional sheets if necessary.)

Conferences and Workshops Attended during the period:

Publications during the period:

Student Signature: _____ Date: _____

Major Professor (Advisor) Name:

Evaluation of Progress: Very Good Good Fair Poor (Anticipated Grade) S U I

Anticipated Date of Degree: (month) (year)

Advisor Comments:

Advisor Signature: _____ Date: _____