

**Graduate Student Supervising Committee Semi-Annual Progress Report**

To be submitted to Academic Coordinator semi-annually by October 15 and April 15.

Name of Graduate Student: \_\_\_\_\_

Please answer each question and provide comments as you see fit.

Was the student's presentation well-prepared? Yes  No

Did the student's presentation reflect progress? Yes  No

Does the student have a clear plan for the next six months? Yes  No

Does the student have a target date for graduation? Yes  No

Comments and evidence of student's progression:

Signatures of committee members:

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

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

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

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

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

I agree with the above assessment of my performance of the past six months:

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