



## Graduate Student Activity Report (GSAR)

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree:       MENG       MS (Thesis)       MS (Non-Thesis)       PhD

**Student and Advisor have Regular Scheduled Meetings** (select one)

Once per week      Once per month      Once per semester      Once per year  
                 

Does the student have a Plan of Study that has been submitted and approved by the Graduate School?

Yes       No

If no, state the anticipated submission date to the AOE Graduate Program Coordinator. \_\_\_\_\_

The student expects to graduate with her/his degree: \_\_\_\_\_  
Semester and Year

A current resume or curriculum vitae has been provided to the Advisor along with this GSAR.

Yes       No

If the student is pursuing a MS or MENG, does he/she plan to pursue a PhD immediately afterward?

Yes       No

### PhD Student's Academic Progress

Has the student successfully completed or does s/he expect to complete

- the Written Preliminary Examination by the 3<sup>rd</sup> opportunity?       Yes       No
- the Oral Preliminary Examination?       Yes       No
- the Dissertation Proposal at least six months prior to the expected completion date?       Yes       No

### To be completed by Advisor:

**Assessment of Performance** (select one per area of assessment)

	Outstanding	Good	Satisfactory	Unsatisfactory
<b>Academic Performance of Student</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Research Performance and Progress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(MS (Thesis) and PhD students only)

### Advisor Comments on Overall Performance

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### Student Comments on Overall Performance

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\_\_\_\_\_  
**Advisor Signature**

\_\_\_\_\_  
**Student Signature**

Submit to the Graduate Program Coordinator by close of business day on May 31<sup>st</sup>.