College of Graduate Studies
Annual Evaluation and Performance Report for Doctoral Students

Name ___________________________ ID Number ___________________________
Degree/Major ___________________________ Email Address ___________________________

Student Directions: It is the doctoral student’s responsibility to initiate the evaluation process; however, an evaluation may be initiated at any time by the Major Professor or Department Chair (if no Major Professor is in place). Download the form, complete the student section, print off the copy, and then meet with your Major Professor. If a Major Professor has not been appointed, the unit chair/director will conduct the evaluation. The evaluation must be completed annually by the second Friday of April.

Portion Completed by the Student

1. Comment briefly on your progress in achieving your academic goals during this past year. Note areas in which you are experiencing any difficulty. If you feel you are not making progress, explain why. (Use a separate page if necessary.)

2. Comment briefly on your progress toward achieving your career goals during the past year. If you feel you are not making progress, explain why. Include perceived departmental/program/school issues that are either helping or hindering your achievements?

3. Provide verification of committee appointment by attaching a copy of your Check Registration Status on Vandal Web or the Appointment of Major Professor and Committee form. If committee has not been appointed, please explain.

4. Provide verification of your academic progress by attaching a copy of your Degree Audit. If there is no Degree Audit posted, please explain.

5. If you are on a TA/RA, please comment on your success in such a position. Please include perceived department/program/school issues that are either helping or hindering your success.

6. Please include any additional comments regarding your program.

Major Professor or Department Chair: This form is to be used when evaluating the student’s progress and performance. Please consult with the student and then respond to the following statements. If you wish to elaborate on any point, please use a separate page. (NA indicates unable to rate)

<table>
<thead>
<tr>
<th>Timely completion of major professor and/or committee form.</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely posting of educational plan to Degree Audit.</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Timely progress toward qualifying/preliminary examination</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Timely development and approval of dissertation topic.</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
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<tr>
<td>Acceptable progress toward the completion of the dissertation</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Meeting department responsibilities</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Maintaining working relationships with fellow students, staff, and other university departments and offices</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Growth as a scholar and a researcher.</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
</tr>
</tbody>
</table>

Other comments or concerns: (May use attachments or separate sheet.)
Student Name ____________________________

Student signature below indicates that you have discussed the contents of this evaluation report with your Major Professor or Department Chair.

_________________________________  ________________________
Student Signature                  Date

Major Professor or Department Chair signature indicates that you have discussed the contents of this evaluation report with your student. Recommended action for the student is:

    _____Continuance in Program*   _____Warning*   _____Dismissal*

_________________________________  ________________________  ________________________
Major Professor/Department Chair Signature     Date     Printed Name

Department Chair signature indicates that the contents of this evaluation report have been reviewed and approved at the program’s administrative level.

_________________________________  ________________________  ________________________
Major Professor/Department Chair Signature     Date     Printed Name

*Please submit a copy of this report to the College of Graduate Studies (COGS). Email (cheric@uidaho.edu). If dismissal is recommended, a meeting will be scheduled with all parties and the COGS Dean. Students who wish to appeal any part of this evaluation may do so in writing to the unit administrator with notification to the COGS Dean. Further appeals will be submitted to the COGS Dean and forwarded to the Graduate Petitions Committee.  1-20-2017