

Date of Review: _____

MS Student Advisory Committee Review

This form must be completed in full, discussed in detail with the faculty chair, and then reviewed by the remaining committee members.

*After all signatures have been received, this review must be submitted to the Graduate Office by May 15 of **each year**.*

Student Information			
Name:			
Committee Chair:			
First Term Attended:		Estimated Graduation Date:	
Completion date:	Degree Plan:	All Coursework:	
What are your career goals after graduation?			

Coursework Completed Since Last Committee Meeting		
Semester	Course	Grade

Plans for Coming Year: (Please indicate activities you hope to accomplish)		Chair Comments
Activity 1:		
Activity 2:		
Activity 3:		

STUDENT COMMENTS/SUGGESTIONS FOR FUTURE COURSES, PROFESSIONAL TRAINING OPPORTUNITIES, etc.

CHAIR EVALUATION OF STUDENT'S COMMITTEE PRESENTATION				
<i>How well does the student meet your expectations in the following areas?</i>	Exceeds	Meets	Below	Not Obs
Structure-Presentation is interesting, well-organized, & sequenced.				
Audience-Holds audience attention and fluidly responds to cues & questions.				
Delivery-Proper vocal intonation, elocution, volume & register.				
Content-Appropriate grasp of topic & comfortable providing elaboration.				

CHAIR OVERALL EVALUATION				
<i>How well does the student meet your expectations in the following areas?</i>	Exceeds	Meets	Below	Not Obs
Exhibits a coherent understanding of discipline-specific knowledge				
Uses a variety of sources & evaluates multiple points of view to analyze & integrate info				
Communicates effectively				
Exhibits proficiency in technology appropriate to solve problems in their discipline				
Chooses ethical courses of action				

We have discussed this evaluation and have a plan for continued improvement.

Members and Signatures

 Student Name Student Signature

 Chair Name Chair Signature

 Committee Member Name Committee Member Signature

 Committee Member Name Committee Member Signature

Committee Comments