

**Graduate Policy Committee**  
**February 8, 2017**  
**10:30 – 11:30, Millican Hall, room 395E**  
**AGENDA**

- 1) Welcome and call to order
- 2) Approval of minutes from January 18<sup>th</sup>.
- 3) Zero credit hour courses-Tabled from last meeting on January 18<sup>th</sup>. (Tracy will provide examples).
- 4) Annual reviews examples and discussion.
- 5) Thesis and Dissertation New Statement (Handout).
- 6) Adjournment

**Members of the Graduate Policy Committee**

Jim Moharam, Chair, COP  
Yoon Choi, COB  
Paul Dombrowski, CAH  
Atsusi Hirumi, CEHP  
Kendall Cortelyou-Ward, COHPA  
Alan Fyall, RCHM  
Andrew Randall, CECS  
Meg Scharf, LIB  
Karen Aroian, CON  
Annette Khaled, COM  
Zixia Song, COS  
Tracy Jones, ex officio, CGS  
Christopher Atkinson, GSA

## Annual Review Reporting Form (Summer 2015 – Spring 2016)

### Department of Mathematics, University of Central Florida

(All sections, except for the advisor section, is to be completed by the graduate student prior to meeting with the advisor.)

First Name:
Last Name:
Program: PhD      Master      Master in Industrial Math Track      Math Certificate
Year and Term Admitted:
Expected Year and Term of Graduation:
Current email address:
PID:

#### PROGRESS TO DEGREE/CERTIFICATE in the current academic year

Qualifying Exams Attempted and Results (Analysis):
Qualifying Exams Attempted and Results (Linear Algebra):
Candidacy Exam Attempted and Results (Sequence I):
Candidacy Exam Attempted and Results (Sequence II):
Courses attempted in last academic year, semester & grades:
1.
2.
3.
4.
5.
6.
7.
8.
9.

Estimate of percentage of Dissertation/Thesis Research Completed \_\_\_\_%.

#### RESEARCH PROGRESS in the current academic year

Brief Description of Research Progress:
Journal Publications (published, accepted or submitted. List all authors, title of publication, volume, year and pages)

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Conference Proceeding and Book Chapter (list all authors, title of publications, Proceeding/Book title, editors, publisher, year, pages)

Conference Presentation (Conference name/location/date, title of presentation, type of presentation (such as invited, poster, contributing)

Conference and workshop attendance (name/location/date) and briefly describe your benefit.

Other professional achievements, such as awards and referee works:

#### **GRADUATING TEACHING/RESEARCH ASSISTANT PROGRESS in the current academic year**

Brief description of your duties as Graduate Teaching/Research Assistant:

Other achievements such as teaching awards, teaching training and speaking test etc:

#### **FUTURE GOALS of the next academic year (Summer 2016 - Spring 2017)**

Briefly list research goals and strategies:

**Annual Review Reporting Form (Summer 2015 – Spring 2016)**

**Department of Mathematics, University of Central Florida**

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Briefly list of your professional goals and strategies:

List all courses to be taken & semesters & grade:

Comments:

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE (To be completed by advisor)**

Academic progress to date:	Excellent	Satisfactory	Needs Improvement	Poor	N/A
Research progress to date:	Exceptional	Satisfactory	Needs Improvement	Disappointing	N/A
Teaching progress to date:	Exceptional	Satisfactory	Needs Improvement	Disappointing	N/A
Future Goals as presented by student:	Very ambitious	Realistic	Needs additional rigor		

Advisor's Comments:

Advisor's Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**TEMPLATE**  
**Doctoral Student Progress To Degree**  
**Annual Review Reporting Form**

(All sections, except for the advisor section, is to be completed by the student prior to meeting with the advisor.)

First Name:	Last Name:
Expected Date of Graduation:	Year & Term Admitted:
Current email address:	PID:

**PROGRESS TO DEGREE in the current academic year (Summer 2009 – Spring 2010)**

Qualifying Exam Attempted (list all dates):	Candidacy Exam Attempted (list all dates):
Date Exam Passed:	Date Exam Passed:
Courses attempted in last year, semester & grades:	6.
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.

Estimate of percent of Dissertation Research Completed \_\_\_\_\_%

Brief Description of Research Progress:
Publications & Presentations (submitted or published):
Other professional achievements of note:

**FUTURE GOALS of the next academic year (Summer 2010 - Spring 2011)**

Briefly list research goals:
List courses to be taken & semesters:
Briefly list other professional goals:

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE (To be completed by advisor)**

Academic progress to date:	Excellent	Satisfactory	Needs Improvement	Poor	N/A
Research progress to date:	Exceptional	Satisfactory	Needs Improvement	Disappointing	N/A
Future Goals as presented by student:	Very ambitious	Realistic	Needs additional rigor		
Advisor's Comments:					

Advisor's Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Annual Review of Doctoral Students

Student Name: \_\_\_\_\_

## College of Optics and Photonics Annual Review of Doctoral Students

Each year, students who have been in the program for 24 months, will have their progress formally reviewed by their advisor.

The format of this will be as follows:

Students will write a brief report summarizing their progress towards their dissertation in the past year and will provide an estimate of their cumulative progress towards their ultimate goal of writing and defending their dissertation. The report should be approximately 1 page in length.

After receiving the Student Progress Summary, the advisor will provide a written assessment of the student's progress, indicating any concerns or recommendations, using the attached review form and will present this assessment to the student in a face-to-face meeting within 2 weeks of receiving the student's report. The student will have the opportunity to respond in writing on the review form. The completed form must be signed by both the advisor and faculty member and must be submitted to the College Office of Academic Programs by February 28 of each year.

## Part 1: Student Progress Summary

- a. Please write a brief description of your academic and research achievements during the last year.
- b. Please respond with answers to the following questions:

How many papers have you written in the last year?		How many cumulative	
How many of these papers were you the first author?		How many cumulative	
How many conference presentations were you co-author?		How many cumulative	
How many conference presentations did you give?		How many cumulative	

**College of Optics and Photonics**  
**Annual Review of Doctoral Students Reporting Form**

*(Attach the student's progress report to this form.)*

**Student Name:** \_\_\_\_\_ **Date of Candidacy:** \_\_\_\_\_  
*(Please insert TBD if Candidacy has not been taken yet)*

**Part 2a: To be completed by advisor: (Use separate pages if necessary.)**

Summarize students most significant accomplishments:

Indicate areas where improvement may be necessary:

Advisor's estimate of percent of Dissertation Research Completed \_\_\_\_\_%

**Overall assessment of progress: Check one**

Above expectation \_\_\_\_ At expectation \_\_\_\_ Below expectation \_\_\_\_

If "below expectation" is checked, please elaborate on areas of concern, and indicate goals for improvement with deadlines for achieving these goals. (A date for subsequent review may be indicated.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2b: To be completed by student: (Use separate pages if necessary.)**

Response to advisors comments:

Student's estimate of percent of Dissertation Research Completed \_\_\_\_\_%

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MS Biotechnology Program (Thesis) Committee Meeting  
Annual Review Assessment Reporting Form**

<b>First Name:</b>	<b>Last Name:</b>
<b>Expected Date of Graduation:</b>	<b>Term/Year Admitted:</b>
<b>Email address:</b>	<b>PID:</b>

<b>Meeting Date:</b>
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<b>Title of Thesis Proposal:</b>

<b>Oral Presentation Performance:</b>
<b>Brief Description of Research Progress:</b>
<b>Research Potential:</b>

**Future Goals (To be completed by advisor)**

<b>Advisor's Comments:</b>

**Student Comments:**

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**Signature of student** \_\_\_\_\_ **Date** \_\_\_\_\_



**MS Biotechnology Program (Thesis) Committee Meeting  
Annual Review Assessment Reporting Form**

Signature below indicates the faculty advisors have participated in the review of the dissertation progress and have indicated either Satisfactory (S) or Unsatisfactory (U) progress to date.

Faculty Name (Print Name)	Faculty Signature	Decision (S/U)	Date
Committee Chair			
Committee Member			
Committee Member			
Committee Member			



## Annual PhD Student Evaluation

Name:	PID:
Year & Term Admitted	Expected Date of Graduation:
Current Knights Email address:	Telephone:
Current alternate email address:	Advisor:

**PROGRESS TO DEGREE in the current academic year (Beginning with summer: Summer 20\_\_ – spring 20\_\_)**

**IF in coursework THEN complete sections A and D**

**IF at Candidacy THEN complete sections B and D**

**IF at Dissertation THEN Complete sections C and D**

**ATTACH your current CV. Include all professional and scholarly activities.**

**SUBMIT by FEBRUARY 1** to your advisor and schedule an appointment with your advisor to review the Annual Evaluation. If it needs to be by telephone, that is acceptable.

**Advisor signs and returns copy to you and the CON Grad Office by February 28.**

**A. Course Work Phase**

(If your coursework is complete, you may omit this section.)

Courses	Semester completed	Grade

**Supporting Courses**

Course number/title	Rationale/Approved by	Semester Planned/Completed	Grade

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Has there been any deviation from your Plan of Study? If so, explain your plans and file a new plan of study.

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Full/Part Time Plan

Average Hours per week in Study for Doctoral program	
Average Hours per week of employment	
Average Hours per week of Doctoral Graduate or Teaching Assistantship	

**B. Candidacy Phase (If all course work is completed)**

Projected Candidacy Exam Date:	
Candidacy Exam Attempted (list all dates)	Date Exam Passed:
Members of Candidacy Examination Committee	

**C. Dissertation Phase**

CITI Training Valid through	Date:
Completed sections of Proposal	
Dissertation format	Traditional      Nontraditional
Dissertation Proposal Defense (list all dates)	Date Passed:
Completed sections of Dissertation	
Dissertation Defense (list all dates)	Date Passed:
Dissertation Committee Chair	Dissertation Committee Members

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**D. Please complete the remaining sections and submit the form to your Advisor. Evaluate your progress in the following areas. Describe your progress in research topic development.**

Critical reading of the research and theoretical literature	
Synthesis of research and theoretical findings	
Identification of gaps in the literature	
Knowledge and skill in Research Methods	
Application of supporting or interdisciplinary research perspective	

Brief Description of Research Progress (Including non-dissertation research performed with advisor or others, , classes etc):
Publications & Presentations (submitted or published) List all completed this year. (Copy and paste from your CV)
Other professional achievements/activities of note:

**FUTURE GOALS of the NEXT academic year (summer 201x - spring 201x)**

Briefly list research goals :
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Briefly list other professional goals (presentations, publications, etc):

**STUDENT'S CONCERNS** about past performance, future goals, conflicting demands, or other issues that may affect progress toward degree.

End of Student Section

## **ADVISOR SECTION**

### **ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE (To be completed by advisor)**

Student initiates meetings with Advisor	Frequently	Often enough to support progress	Rarely
Academic progress to date:	Above Expectations	At Expectations	Below Expectations
Research progress to date:	Above Expectations	At Expectations	Below Expectations
Future Goals as presented by student:	Ambitious	Realistic	Needs Added Rigor
CV Attached	Excellent	Acceptable	Needs Revision

Advisor's Comments:

Advisor's Name (Printed) \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# PhD Biomedical Sciences Annual Progress Review

## Advisor/Committee Assessment Form

First Name:	Last Name:
Expected Date of Graduation:	Term/Year Admitted:
Knights email address:	PID:

Title of Dissertation Proposal:

### ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE (To be completed by advisor)

PERFORMANCE FACTORS	Excellent	Satisfactory	Needs Improvement	Poor	N/A
Quality Research work in Progress or Completed					
Quality of Journal and/or Conference Papers					
Potential to pursue Doctoral work					
Self-Motivation					
Overall knowledge needed for field of study					
Course work performance					
Dependability					
Overall assessment of performance (required)					

Estimate of percent of Dissertation Research Completed \_\_\_\_\_%

### Advisor Evaluation (To be completed by Advisor)

Academic Performance:
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## **PhD Biomedical Sciences Annual Progress Review Advisor/Committee Assessment Form**

**Brief Description of Research Progress:**

**Research Potential:**

**Current Publications (submitted or published):**

**Presentations / Other professional achievements of note:**

**(To be completed by Student)**

**Student Comments:**

**Advisor's Comments:**

**Advisor's Name (Printed)** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **PhD Biomedical Sciences Annual Progress Review Advisor/Committee Assessment Form**

Signature below indicates the faculty advisors have participated in the annual review of the dissertation progress and have indicated either Satisfactory (S) or Unsatisfactory (U) progress to date.

<b>Faculty Name</b>	<b>Faculty Signature</b>	<b>Decision (S/U)</b>	<b>Date</b>
[Faculty name], Ph.D. (Chair)			
[Faculty name], Ph.D.			
[Faculty name], Ph.D.			
[Faculty name], Ph.D.			

**Committee Summary** (Brief Description of Research Progress – add pages as needed):

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Oct 2015