

MSCS Graduate Student Departmental Review

To be completed by Faculty Mentor or Thesis Advisor

Faculty Member Name: _____

Student Name: _____ Student UIN: _____

Program: _____ Student Start Term/Year: _____

Student is making satisfactory progress towards degree requirements, and is in good standing.

Student is making satisfactory progress in research.

Comment on the student's strengths.

Comment on the student's goals for next academic year.

Additional comments:

Faculty signature: _____

Date: _____

Student signature: _____

Date: _____

For office use only

Date received: _____

Good standing? Yes / No

Comments: