

Graduate Student Annual Review Form



Department of Communication
THE UNIVERSITY OF UTAH

Name: _____ Date: _____

UNID: _____

Degree Program: MA MS PhD

Chair/Advisor: _____ Current Address: _____

Committee Members: _____

Please indicate if you have completed the following requirements or when you expect to complete them.

Submitted Supervisory Committee Form (COMM 100/200)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Submitted Program of Study Form (COMM 110/210)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Completed Comprehensive Exams (PhD Only) (COMM 230)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Completed Prospectus Defense (COMM 120/220)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Thesis/Project/Exams or Dissertation Defense (UUDC ##)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____

Please fully describe your involvement in the following areas.

RESEARCH ACTIVITY (Outside of coursework)

TEACHING (Teaching assignments, tutoring, volunteer teaching, guest teaching)

SERVICE (To the discipline, academic associations, university, department, or community)

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HONORS / AWARDS (For research, teaching, or service)

COURSEWORK (From last summer to present)

Are you receiving adequate support from your advisor, committee, graduate committee, and graduate office?