

Annual Doctoral Student Meeting

Name:	E-mail:
Program:	
Status of Course Requirements	

Status of Preliminary/Comprehensive/Qualifying Examination (if appropriate):
Status of Doctoral Dissertation:

Honors, Awards, Publications, Presentations (append additional pages if necessary):

Projected Completion Date for Course Requirements:
Ph.D. Candidacy Approval Date:
Projected Completion Date for Dissertation:

<input type="checkbox"/> The student has been dismissed because of academic performance
<input type="checkbox"/> The student has been dismissed for failure to reach milestone (including Comprehensive/Qualifying/Preliminary Examinations)
<input type="checkbox"/> The student has left the program voluntarily

Program/Dissertation Adviser's Signature: _____	Date: 8/1/2009
Student's Signature: _____	Date: 1/1/2009
Graduate Program Director's Signature: _____	Date: 1/1/2009

**Please keep the original in the Student's Department and send a copy to the Graduate School.*