

Physics Department Graduate Student Thesis Research Feedback

Student Name: _____

Reporting Period: _____ to _____ Course (circle one): 698 (M.S.) or 699 (Ph.D.)

Progress Summary: (To be prepared by the student; use additional sheets if necessary. This form must be accompanied by a written set of goals and expectations agreed upon by the advisor and the advisee at the beginning of the reporting period.)

Conferences and Workshops Attended during the period:

Publications during the period:

Student Signature: _____ Date: _____

Major Professor (Advisor) Name: _____

Overall evaluation on: Knowledge & Scholarship	Outstanding	S	U
Effective Communication	Outstanding	S	U
Critical Thinking	Outstanding	S	U
Ethics in Research	Outstanding	S	U

Evaluation of Progress: Very Good Good Fair Poor (Anticipated Grade) S U I

Anticipated Date of Degree: (month) _____ (year) _____

Advisor Comments:

Advisor Signature: _____ Date: _____