

Michigan State University
Annual Progress Report for Plan B Master's Students

Name _____

Student PID Number _____

Portion Completed by the Student

Academic Progress

A copy of the current program of study should be attached to this report.

Date of entrance into program* _____ Anticipated completion date _____

*If admitted under provisional status, date provisional status removed: _____

Date or anticipated date of certifying exam or evaluation
(Evaluation methods may differ across departments/units): _____

Are all program requirements completed? _____ Yes _____ No

If no, what requirements remain?

Most recent contact with the guidance committee/academic advisor: _____

Current GPA: _____ Number of credits below 3.0: _____

Professional Performance and Potential

The student should attach the following information:

1. Professional goal statement for the year (noting both academic and career goals)
2. Goal statement for the next year
3. Vitae including
 - Presentations at professional conferences or meetings
 - Service to the department/school/college, if any
 - Any publications for lay or professional audiences
 - Participation with faculty on research projects or similar endeavors
 - Participation with faculty on community projects, workshops or other outreach efforts
4. Other

Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty.

Comment briefly on your progress toward achieving your career goals during the past year. If you feel you are not making progress, explain why. Include perceived departmental/school obstacles that hinder your program.

Name _____

Student PID Number _____

Portion completed by Academic Advisor/Program Director**Academic Performance**

1. Has the student made acceptable progress during the evaluation period? Please comment below.

2. Please comment on the overall academic performance of the student, including teaching experiences, if applicable.

Student Your signature below indicates that you have discussed the contents of this progress report with your major professor.

Student _____ Date _____

**Academic Advisor/
Program Director** Your signature below indicates that you have discussed the contents of this progress report with the student.

Academic Advisor/Program Director _____ Date _____

Dept/School Chair/Director _____ Date _____

When both the major professor and student have reviewed and signed this progress report, copies of the report should be given to the student and the major professor. The original progress report should be placed in the student's file in the department/unit office. Students who wish to appeal any part of the major professor's evaluation may do so in writing to the department chair/school director.

****Note:** Departments/Units may choose to use this form for annual or academic year evaluations.