



Annual Progress Report for \_\_\_\_\_  
 Student's last name \_\_\_\_\_ first name \_\_\_\_\_

**Student's overall progress:**

|                                       |                                         |                                            |
|---------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Conditional ** | <input type="checkbox"/> Unsatisfactory ** |
|---------------------------------------|-----------------------------------------|--------------------------------------------|

**\*\*Committee recommendation on course of action for improvement and consequences if improvement does not occur:**

|                    |       |
|--------------------|-------|
| Student Signature: | Date: |
|--------------------|-------|

**I have attached the following information:**

1. Annual Progress Report of Research for M.S. or M.A. with thesis and Ph.D. students, written by student.
2. Schedule showing when remaining requirements will be met (for students within two years of the time limit for their degree), prepared by student and approved by committee

| Advisor Signature | Please Print Name: | Date |
|-------------------|--------------------|------|
|                   |                    |      |

| Committee Membership Signatures | Please Print Name: | Date |
|---------------------------------|--------------------|------|
|                                 |                    |      |
|                                 |                    |      |
|                                 |                    |      |

**SIGNATURES:**

|                              |       |
|------------------------------|-------|
| <b>Department Chair:</b>     | Date: |
| <b>Dean:</b>                 | Date: |
| <b>Graduate School Dean:</b> | Date: |

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Form updated 03/24/09

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