



**Annual Graduate Student Academic Review for Doctoral Students**

When the department/program completes their review, they should send this signed document to [ct063@uark.edu](mailto:ct063@uark.edu) by June 30th of each year.

Please Note: A review is not necessary if: a. the student graduated. b. the student never enrolled after acceptance into your program. c. the student was never officially admitted to your program.

1. Student's Name: \_\_\_\_\_
2. University ID Number: \_\_\_\_\_ Student's degree program: \_\_\_\_\_
3. Semester and year student entered degree program: \_\_\_\_\_
4. Current GPA and number of hours completed: \_\_\_\_\_
5. Does student have any out of date course work? (Course work is considered out of date if at the time of graduation it was taken more than seven years prior to the first semester in the doctoral program.)  

Yes      No
6. Has degree audit been made current, reflecting all exemptions to date?  

Yes      No
7. Degree progress is:  

satisfactory.

not satisfactory.

Please explain:
8. Check all that have been completed and are requirements for this degree:  

Coursework completed (this excludes research hours)

Candidacy exam. Date: \_\_\_\_\_

Capstone/project submitted. Date: \_\_\_\_\_

Internship/externship/practicum completed. Date: \_\_\_\_\_

Proposal defense, if used. Date: \_\_\_\_\_
9. The results of the review were communicated to the student:  

by face-to-face interview on \_\_\_\_\_(date)

\_\_\_\_\_ (signature of student)

by the following procedure because the face-to-face interview was not possible or practical

(include dates of notification): \_\_\_\_\_

10. This form accurately summarizes the annual graduate student academic review for this student for

\_\_\_\_\_ (Academic Year)

Signature of Review Coordinator

Name of Review Coordinator

\_\_\_\_\_

\_\_\_\_\_

Signature of Department/Program Head/Chair/Director:

Date

\_\_\_\_\_

\_\_\_\_\_

For Graduate School Use Only:

Review received (signature of dean): \_\_\_\_\_