



Annual Graduate Student Academic Review for Master's Students

When the department/program completes their review, they should send this signed document to 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 course hours completed: _____
5. Does student have any out of date course work? (Course work is considered out of date if it was taken more than six years prior to graduation.)
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)
Comprehensive exam/thesis defense. Date: _____
Practicum/internship/externship completed.
Other: _____
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 2020 - 2021.

_____ (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): _____