

# Annual Graduate Student Academic Review

Due dates are determined by the department. Completed evaluations must be submitted to the Graduate School by June 30<sup>th</sup> of each year by the department or interdisciplinary program.

**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.

**Please email completed form to [pkoski@uark.edu](mailto:pkoski@uark.edu).**

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1. Student's Name: \_\_\_\_\_

2. University ID Number: \_\_\_\_\_ Student's degree program: \_\_\_\_\_

3. Semester and year student entered degree program: \_\_\_\_\_

4. Does student have any out of date course work? (Course work is considered out of date if at the time of graduation it will be more than six years old for masters and more than seven years old for doctorate.)

Yes No

5. Has degree audit been made current, reflecting all exemptions to date?

Yes No

6. This student (check one):

\_\_\_\_\_ is making satisfactory progress toward the degree.

\_\_\_\_\_ is not making satisfactory progress toward the degree. Please explain:

\_\_\_\_\_ has withdrawn from the program.

\_\_\_\_\_ has been dismissed from the program because of unsatisfactory progress toward the degree.

7. The results of the review were communicated to the student:

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

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

b) by the following procedure because the face-to-face interview was not possible or practical (**include dates of notification**): \_\_\_\_\_

8. 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 Head/Chair

\_\_\_\_\_  
Date

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## For Graduate School Use Only:

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