FLORIDA STATE
UNIVERSITY | *The* COLLEGE *of* ARTS *&* SCIENCES
Department of Computer Science

Annual Academic Progress Review for Ph.D. Candidates

Procedure: In accordance with University and College policy for those students who have entered candidacy, the doctoral supervisory committee must annually assess, in writing, the academic progress of each Ph.D. student in the Computer Science Department. The committee must provide copies of the annual review to the student and the Computer Science Graduate Coordinator. The Graduate Coordinator will forward annual reviews to the College of Arts and Sciences and place a copy in the Ph.D. candidate's departmental file.

Student's Name: _____ **Student's EmpID:** _____ **Student's GPA:** _____

Committee Chair/Major Professor's Printed Name: _____

Number of Years Since Admitted to the Ph.D. Program: _____

Projected date of graduation (Semester & Year): _____

Teaching Requirement Fulfilled (Course, Semester, Year): _____

Date of Qualifying Exam (CIS 8962): _____ **Date of Preliminary Exam (CIS 8964):** _____

Date of Prospectus Defense: _____ **Date of Dissertation Defense (CIS 8985):** _____

Ph.D. Committee Members: (*Printed Names*)

Co-Chair (*if applicable*): _____ **Member:** _____

Member: _____ **Member:** _____

Chair's Rep (*if applicable*): _____ **University Rep:** _____

Please provide feedback on the student's progression towards graduation. Summarize the dissertation research, writing, or creative work completed by this student during the past 12 months and note any special accomplishments or problems that have occurred (e.g. Papers Published, Presentations, Conferences, etc.).

_____

Student Signature: _____ **Date:** _____

Committee Chair Signature: _____ **Date:** _____

Committee Co-Chair Signature (*If applicable*): _____ **Date:** _____

Member Signature: _____ **Date:** _____

Member Signature: _____ **Date:** _____

Member Signature: _____ **Date:** _____

Chair's Representative Signature (*If applicable*): _____ **Date:** _____

University Representative Signature: _____ **Date:** _____