**School of Public Policy**

**Plan for Completing Your Graduate Degree (NEW DEGREE SEEKING STUDENTS)**

Upon entering the degree program, please work with your major professor to develop a plan for success. Signatures from both the student and major professor are required. A copy of this form is given to the student, major professor, and Graduate Program Director.

**To Be Filled Out By Student**

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered graduate program:\_\_\_\_\_\_ \_ Degree program (check one): Masters\_\_\_ Ph.D.\_\_\_

Area of Concentration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_ Date of expected completion:\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Major Professor Name(s):** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Committee Member Names:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

Checklist: Complete those that apply to you; please fill in all dates that are applicable even if it’s your best guess

|  |  |  |
| --- | --- | --- |
| **COMPLETION OF MILESTONES** | **TIME LINE** | **DATE COMPLETED** **OR EXPECTED** |
| **MPP / EMPP / ExMPP** |  |  |
| Establish Graduate Committee | Second quarter |  |
| Program of Study submitted to the Grad School  | By 18 credits |  |
| Schedule final defense | One quarter before event |  |
| **Ph.D. Degree** |  |  |
| Establish Graduate Committee | By 5th term |  |
| POS Meeting / Submit POS | by 5th term |  |
| Preliminary Exam | End of 2nd year |  |
| Schedule final defense | One quarter before event |  |

**This completed form must be submitted to the program specific Graduate Coordinator *before the end of your first term in year 1*.**

Student Signature Major Professor

**Annual Assessment of Academic Progress – page 1**

**To Be Filled Out By Student**

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered graduate program:\_\_\_\_\_\_\_ Degree program (check one): M.S.\_\_\_Ph.D.\_\_\_

Area of Concentration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected completion:\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Major Professor Name(s):** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Committee Member Names:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

Checklist: (Complete those that apply to you; please fill in all dates that are applicable even if it’s your best guess)

|  |  |  |
| --- | --- | --- |
| **COMPLETION OF MILESTONES** | **TIME LINE** | **DATE COMPLETED** **OR EXPECTED** |
| **MPP / EMPP / ExMPP** |  |  |
| Establish Graduate Committee | Second quarter |  |
| Program of Study submitted to the Grad School  | By 18 credits |  |
| Schedule final defense | One quarter before event |  |
| **Ph.D. Degree** |  |  |
| Establish Graduate Committee | By 5th term |  |
| POS Meeting / Submit POS | by 5th term |  |
| Preliminary Exam | End of 2nd year |  |
| Schedule final defense | One quarter before event |  |

 **Annual Assessment of Academic Progress – page 2**

|  |  |
| --- | --- |
| **Assessment of Progress (To be filled out by the major professor)**Major professor(s): Please discuss your responses with your student. |  |
| **YES** | **NO** | **QUESTION** |
|  |  | Student is making satisfactory progress in completing his/her course work. |
|  |  | Student is making satisfactory progress in research |
|  |  | Student is making satisfactory progress in writing of his/her thesis. |
|  |  | Student has participated in professional and/or career development opportunities |  |

**Signatures:**

*I have reviewed the student’s milestones and self-assessment narrative, have completed the ‘Major Professor Assessment of Progress’ (left), and explained my responses to the student.*

Major Professor Signature(s)

Date

Committee Member Signature(s) (optional)

Date

*I understand my major professor(s)’ assessment of my progress (left),*

*and am now submitting this fully completed form to the Graduate Coordinator with my self-assessment narrative attached.*

Student Signature

Date

**If ‘No’ has been checked, you must attach a written summary of indicators that led to this conclusion and an Academic Performance Improvement Plan.**

**Academic Performance Improvement Plan**

When a student receives an unsatisfactory review (as identified on the Satisfactory Progress Assessment form), the major professor, in consultation with the student, develops a performance improvement plan.

Date

Student\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Professor\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Specific deficiencies**

c.

1. **Plan to address deficiencies**
2. **Timeline**
3. **Consequences if deficiencies are not rectified in the specified timeline**
4. **Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Professor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Professor Signature (if applicable) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Head/Program Director Signature Date