

School of Public Policy

Plan for Completing Your Graduate Degree

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 5 th term	
POS Meeting / Submit POS	by 5 th term	
Preliminary Exam	End of 2 nd 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)

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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

- a.
- b.
- c.

2. Plan to address deficiencies

- a.
- b.
- c.

3. Timeline

4. Consequences if deficiencies are not rectified in the specified timeline

5. Signatures

Student Signature

Date

Major Professor Signature

Date

Major Professor Signature (if applicable)

Date

School Head/Program Director Signature

Date