Michigan State University: Department of Statistics and Probability Annual Progress Report for Ph.D. Students

Name Student PID

To Be Completed By Student

Academic Progress

Please attach a copy of current transcript to this report.

Date of entrance into program*

Expected graduation date

*If admitted under provisional status, date provisional status removed

Most recent contact with the guidance committee/academic advisor

Date or expected date of STT Preliminary Exams

Passed?

Date or expected date of dissertation proposal approval

Date or expected date of dissertation defense

Current GPA

Number of credits below 3.0

Remaining required courses

Professional Performance and Potential

Please attach the following information if applicable.

- 1. Professional goal statement
- 2. Goals for the next academic year
- 3. Papers published or submitted
- 4. Presentations at professional conferences
- 5. Participation on funded grants

- 6. Participation in undergraduate education (e.g. courses taught, mentoring of undergraduates)
- 7. Other information to support progress

Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty.

Comment briefly on your progress toward achieving your career goals during the past year. If you feel you are not making progress, explain why. Include perceived departmental/school obstacles that hinder your program.

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To Be Completed by Advisor or Guidance Committee Chair

Academic Performance

1.	Has the student made acceptable progress during the evaluation p	period? Please comment below.
	Please comment on the overall academic performance of the stuce oplicable.	dent, including teaching experiences, if
	udent: Your signature below indicates that you have discussed the c dvisor or guidance committee chair.	contents of this progress report with your
Stu	udent	Date
	dvisor or Committee Chair: Your signature below indicates that you hath your student.	ave discussed the contents of this progress
Ad	dvisor or Chair:	Date
STI	T Grad Program Director:	Date
\ A / I=	han bath the Advicer (ar Cuidenes Committee Chair) and Chuident han the	we verioused and signed this

When both the Advisor (or Guidance Committee Chair) and Student have reviewed and signed this progress report, the student should email this signed document to stt.gradoffice@msu.edu. The STT Graduate Program Coordinator will upload the file to the student's GradPlan in SIS. Students who wish to appeal any part of the Advisor's evaluation may do so in writing to the department chair/school director.

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