GRADUATE STUDENT ANNUAL REPORT
ALLIED HEALTH SCIENCES

TO BE COMPLETED BY THE STUDENT AND SUBMITTED TO THE GRADUATE PROGRAM (By August 1st)

NAME______________________________________ DATE________________

CIRCLE YOUR GRADUATE TRACK: M.S. PLAN B     M.S. PLAN A

MAJOR ADVISOR____________________________________________________

DATE DISSERTATION PROPOSAL APPROVED:_____________________________

NAME__________________________ DEPARTMENT__________________________

ADVISORY COMMITTEE: _____________________________________________

______________________________________________________________

______________________________________________________________

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DATES OF ADVISORY COMMITTEE MEETING DURING REPORTING PERIOD:

______________________________________________________________
1. COURSE WORK UNDERTAKEN SINCE PREVIOUS ANNUAL REPORT:
   Course number and name          Credits          Grade

2. SEMINAR(S) PRESENTED (title, date).

3. PAPERS AND ABSTRACTS PUBLISHED:

4. HONORS, AWARDS, MEETINGS ATTENDED, REPORTS PRESENTED:

5. APPLICATIONS FOR FINANCIAL SUPPORT:

6. TEACHING ASSIGNMENTS:

7. OTHER ACTIVITIES:

8. Date of “Phone Pass Test” (formerly “Speak” Test) Test Passage (Month/Year)
   ____________________ (N/A___)

9. SUMMARY OF RESEARCH PROGRESS (hypothesis, experiments, results, conclusion, future plans). 300 words or less.
10. PLEASE LIST YOUR PLANNED COURSE OF STUDY FOR THE 2009-2010 ACADEMIC YEAR

**Fall**

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**Spring**

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Please rank three AHS courses that you would be willing to T.A. in the upcoming year. Remember, you may not T.A. the same courses more than twice unless both you and the course instructor document how doing so would be mutually beneficial from an educational point of view (e.g., new duties, writing a lab manual etc.). The grad committee tries to assign everyone his or her first choice, but this is not always possible. A listing of courses needing T.A.s, and the number of T.A.s needed, is attached to this form.

1.______________________  2.______________________  3.______________________

This annual review will not be accepted unless signed by you Research Advisor

APPROVAL OF RESEARCH ADVISOR:____________________________________________________

(Signature)  (Date)

APPROVAL OF GRADUATE AFFAIRS COMMITTEE:

________________________________________

(Chairman)  (Date)