

**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:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

DATES OF ADVISORY COMMITTEE MEETING DURING REPORTING PERIOD:

1. COURSE WORK UNDERTAKEN SINCE PREVIOUS ANNUAL REPORT:

<u>Course number and name</u>	<u>Credits</u>	<u>Grade</u>
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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

Course

Meeting Time

Spring

Course

Meeting Time

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)