ANNUAL DOCTORAL STUDENT PROGRESS REPORT

ACADEMIC YEAR: ___________________ PROGRAM: ___________________

______________________________________________________________
Doctoral Candidate’s Name

______________________________________________________________
UTD ID NUMBER

COMMITTEE MEMBERS: # OF REMAINING ORGANIZED COURSES
REQUIRED FOR DEGREE COMPLETION:

______________________________________________________________
Supervising Professor (Print or type)     Mail Station

______________________________________________________________
How is the student currently supported?
TA ☐ RA ☐ Self-supported ☐

______________________________________________________________
How many doctoral hours will student have accumulated by the end of this semester _____
(Approximately)

STATUS/PROGRESS OF STUDENT’S RESEARCH FOR SPRING - FALL SEMESTERS:

___ Progress is satisfactory in all aspects

___ Quality of work is generally satisfactory, but student is falling behind the expected
  schedule; more effort is indicated

___ Progress is on schedule but quality of work needs to be improved to ensure an
  acceptable final product

___ Work is sufficiently behind schedule that finishing within the support or time limits
  is unlikely

___ Quality of work is below that expected for the degree; a large change is necessary in
  either the effort and result being obtained or in the degree being attempted

___ Student is committed but appears to not have the capacity to complete the degree and
  should be counseled to change majors or to withdraw

___ Extenuating circumstances (explain) _____________________________________________

___ Other/additional comments ______________________________________________________

______________________________________________________________
TIME LINE FOR COMPLETION OF RESEARCH:

______________________________________________________________
GRADUATE ADVISOR – Signature (if appropriate)                     Date

______________________________________________________________
SUPERVISING PROFESSOR – Signature (if appropriate)                 Date

______________________________________________________________
STUDENT – Signature                                               Date