## Department of Statistics Annual Graduate Student Progress Report

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: MS Option A (Thesis) \_\_\_ MS Option B (Non-Thesis) \_\_ Dual MS/PhD \_\_\_ PhD \_\_\_

Year in Program \_\_\_\_ (For example. 1, 2, …)

Anticipated Graduation Date MS/PhD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

After graduation I plan to go into: Academia \_\_\_ Industry \_\_\_ Unsure\_\_\_ PhD Program \_\_\_\_(if applicable)

Were you admitted with any deficiencies? Yes/No

If “Yes”, have they been removed? Yes/No

Have you formed a committee? No \_\_\_ Yes \_\_\_

If “Yes” please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last committee meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| MS Milestones | PhD Milestones |
| MEMORANDUM OF COURSES  (**prior to completion of over one-half of required coursework**.)  Submitted: Yes/No  If No, Number of credits completed: | QUALIFYING EXAM  Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_  Completed Yes/No |
| COMPREHENSIVE EXAM  Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_  Option:  Completed Yes/No | PROGRAM OF STUDIES  (**prior to the completion of 45 credit hours**)  Submitted: Yes/No  If No, Number of credits completed: |
| FINAL EXAMINATION REPORT  Submitted: Yes/No | APPLICATION FOR CANDIDACY  (**at least 7 months before final oral exam**)  Submitted: Yes/No |

Student is making satisfactory progress: Yes/No

Attached comments (Required if the student is not making satisfactory progress): Yes/No

SIGNATURES:

We have discussed and agree upon a timely method of progressing through the graduate degree.

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Faculty Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_