



**Student Information & Minimum Required Discussion Topics (Check All That Apply)**

Student Name	Program Start Semester/Year	Date of Annual Meeting with Student	Person(s) Meeting with Student	Progress in course achievements	Publication /presentation productivity targets	Degree requirements and anticipated completion date	Assistantship performance	Key Notes / Follow-up

**Certification**

I certify that the annual progress meeting has been conducted with the above-named doctoral student (s) and that the required discussion topics have been reviewed.

Coordinator/Advisor:	Signature & Date:
Department Head:	Signature & Date:
Academic Dean:	Signature & Date:
Associate Dean of Graduate School:	Signature & Date: