

Doctoral Program Annual Student Activity Report

Please attach a copy of your Vita and a current transcript and return this completed report to your advisor and to the Doctoral Program Department no later than January 10th.

Student: _____

Date: _____

Academic Year: _____

Advisor: _____

Track (clinical, experimental): _____

Additional Research Supervisor(s) _____

Year in Program: _____

Date Degree Expected: _____

GENERAL REQUIREMENTS

Please list the courses taken and grades received in the past semester (if you withdrew from any course, please give an explanation as to why):

Please list all the courses taken in previous semesters and grades received (if you withdrew from any course, please give an explanation as to why):

Please list the courses that you plan to take next year:

Please list any awards received or other accomplishments in the past year (include any awards or funding given to you by the GC or other entities):

RESEARCH ACTIVITIES

Please describe the progress you have made towards your First Doc exam:

Please describe the progress you have made towards your Second Doc exam:

Please describe the progress you have made towards your dissertation:

Please list any publications (indicate if submitted, accepted, or published—list most to least recent)

Please list any conference presentations (indicate if submitted, accepted, or presented-- list most to least recent)

Please list any other research work in progress (title, supervisor, work accomplished in past semester):

Please list any research assistantships in the past year (include copy of supervisor's evaluation):

CLINICAL ACTIVITIES (Experimental Students write N/A)

Please list any practicum placements and supervisors in past year (attach copy of placement evaluations):

Please list any clinical assistantships in the past year (include copy of supervisor's evaluation):

Please list any other clinical activities and supervisors:

TEACHING ACTIVITIES

Please list any courses taught in the past semester (please include any teaching observations or student feedback and numerical evaluations if available):

Please list any courses taught in the past (list by semester taught, most to least recent):

Please list any teaching assistantships or tutoring activities in the past semester (include a copy of evaluation, if any):

Please list any teaching assistantships or tutoring activities in the past ((list by semester, most to least recent):

SERVICE ACTIVITIES

Please list any committees, student government offices held, volunteer efforts, etc.

GOALS FOR THE COMING YEAR (include timetable)

Research:

Clinical:

Teaching:

Service:

INITIAL CAREER OBJECTIVES (e.g., post doc, private practice, hospital, academic)

STUDENT COMMENTS ON PROGRESS IN PAST YEAR

(Provide a self-evaluation of your performance in the research, clinical, teaching, and service areas. Are there any specific areas or concerns that you would like to discuss?)

SELF-EVALUATION

Student Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____