

University at Buffalo  
Periodic Academic Review Report  
(Individual Development Plan [IDP])  
Oral Biology Ph.D. Program

**STUDENT SECTION**

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

**Academic Progress**  
**Attach copy of current unofficial transcript**

Date of admission: \_\_\_\_\_  
Date of last Periodic Academic Review: \_\_\_\_\_  
Expected date of Prelim Exam: \_\_\_\_\_ Passed? \_\_\_\_\_  
Expected date of Dissertation Defense: \_\_\_\_\_  
Current GPA: \_\_\_\_\_ Number of incomplete grades: \_\_\_\_\_  
Number of resigned courses: \_\_\_\_\_

Remaining Coursework:

\_\_\_\_\_

\_\_\_\_\_

1. Briefly comment on your academic/research progress since the last Periodic Academic Review. Note areas in which you are experiencing any difficulty.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Briefly comment on your progress toward your career goals since the last Periodic Academic Review meeting.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are your academic goals for the coming semester?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student should attach the following information when applicable:**

1. Papers published or submitted
2. Abstracts accepted/presentations at professional conferences
3. Honors/awards/grant/fellowship applications
4. Participation in teaching
5. Participation in an internship
6. Service to the department, school, university or professional organizations
7. Financial support received (TA, RA, internal fellowship, etc.)

## MENTOR / RESEARCH MENTOR SECTION

Student Name: \_\_\_\_\_

Mentor / Research Mentor Name: \_\_\_\_\_

### Academic Performance

1. \_\_\_\_\_ The student's performance is well above adequate and he/she should be commended.
2. \_\_\_\_\_ The student's performance is adequate and he/she should be retained.
3. \_\_\_\_\_ The student's general academic performance is not adequate, and it is the considered opinion of the mentor/research mentor that he/she should not continue in his/her present program. A terminal masters should be considered.
4. \_\_\_\_\_ The student's current academic performance is below standard and a probationary letter should be issued.

Please comment on the student's overall academic performance, including teaching experiences, any strategies for improving performance, specific timeframes for completing expected milestones, and ethical behavior.

---

---

---

---

---

---

---

---

---

---

---

---

**Student** Your signature below indicates that you have discussed the contents of this review report with your Mentor / Research Mentor.

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

**Mentor** Your signature below indicates that you have discussed the contents of this report with the student

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

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Original report placed in student's file and copies given to student, mentor, and Graduate Program Co-Directors.