

University at Buffalo
Periodic Academic Review Report
Oral Biology Ph.D. Program

STUDENT SECTION

Name: _____

Academic Progress
Attach copy of current unofficial transcript

Date of admission to program: _____ Expected completion Date: _____
Expected date of Prelim Exam: _____ Passed? _____
Expected date of thesis defense: _____
Current GPA: _____ Number of Incomplete Grades: _____
Number of Resigned Courses: _____

Remaining Coursework:

Professional Performance and Potential

1. Briefly comment on your academic/research progress since the last Periodic Academic Review meeting. 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 / ÜÒÙÒÆÛÔΡΆΤ ÒƆVUÛ SECTION

Üc~ â^}cÁName: _____

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 Ü^•^æ!&@ÁT^}c[!.

Student: _____ Date: _____

Major Professor Your signature below indicates that you have discussed the contents of this review report with the student

Major Professor: _____ Date: _____

Dept. Chair or DGS: _____ Date: _____

The original review report is placed in the student's file and copies given to the student and the major advisor.