



Graduate Student Review Form

(This form should reflect the progress the student made during their program)

Graduate Student Name: _____ J#: _____

College: _____ Department: _____

Overall Knowledge of the Research/Creative Activity (Competency and understanding to perform duties; learning and retaining instructions while in program):

Goals, Objectives, Projects, Special Assignments, and Professional Development (List below the goals, objectives, or training which should be continued and/or completed while in program):

Discussion of Individual Development Plan (while in program):

Mentor Signature: _____ Date: _____

Graduate Student Signature: _____ Date: _____

(Attach additional pages if needed)

DEADLINE: Forms must be submitted to gradschool@southalabama.edu before student graduates.