

**Current Academic Year:**

**GWID:**

**Student Name:**

**Program:**

**Year of PhD Program Entry:**

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**STUDENT PORTION:** *Please complete below. Attach additional documents as needed.*

1. *Please rate your progress in meeting your past year's objectives (if this is your first annual review, rate your progress completing your coursework for the year).*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7
No objectives met						All objectives met

2. *Describe the progress you have made during the past Academic Year towards completing your PhD (if you have any incomplete courses, please list them here as well as the plan for completing them).*

If applicable:

**Comprehensive Exam Passed** (Yes/No/Not yet) –

**Proposal Committee Approved** (Yes/No/Not yet) –

**Proposal Defended** (Yes/No/Not yet) –

**Dissertation Defense Scheduled** (Yes/No, not yet) –

**Other** - Note any other activities you may have undertaken that show progress toward your PhD degree (e.g. submitted abstract to GWSPH Research Day, outside workshops attended, etc.)

*3. Objectives/Timeline for next Academic Year*

*4. Objectives/Timeline for completion of dissertation:*

**PHD DEPARTMENT ADVISOR or DIRECTOR PORTION:**

*Prior to completing the section below, Advisor/Director please hold a meeting with the student.*

Meeting date with student:

1. *Please rate the student's progress in meeting their objectives for the past Academic Year.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7
No objectives met						All objectives met

2. *Comments on student progress during the Academic Year.*

3. *Comments on objectives/timeline for next Academic Year.*

Acceptable progress made

Additional progress needed/Unacceptable progress  
*(If this is checked, include an agreed upon detailed action plan below or attach it to this form)*

Other Comments/Action plan:

Student Signature:  
Program Director:  
Advisor Signature:

Date:  
Date:  
Date:

**SUBMIT SIGNED COPIES TO [OfficePhDMS@gwu.edu](mailto:OfficePhDMS@gwu.edu)  
COPIES TO: STUDENT/ADVISOR/PHD PROGRAM DIRECTOR**