To be completed by doctoral candidate within first week of semester and forwarded to the Office of Graduate Studies (ZEB 310).

Name of Student: ____________________________________ Program: ____________________ Admit to Sem/Year: __________ Current Semester: __________

Initial Candidacy Semester/Year: ______________ Proposal Approved by UGS: YES NO (If “yes,” Semester/Year): __________

Status: Below check in which area(s) you will be working this semester:

<table>
<thead>
<tr>
<th>Question Dev.</th>
<th>Proposal Ch.1-Intro</th>
<th>Proposal Ch. 2: Lit Rev</th>
<th>Proposal Ch. 3: Method</th>
<th>Proposal Defense</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Goals</th>
<th>Product</th>
<th>Goal Date</th>
<th>Progress toward Goal*</th>
</tr>
</thead>
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<td>5.</td>
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</tr>
</tbody>
</table>

Rating Scale: (1) No Progress, (2) Minimal Progress, (3) Satisfactory Progress (4) Outstanding Progress

* Completed at end of semester

Goal Setting Student Signature: ______________________________________ Date: __________________

Goal Setting Major Professor Signature: _____________________________ Date: ________________
College of Education
Semester Dissertation Progress Report Part B-Semester Evaluation

Major Professor scores Goal progress on Part A. Then, Student and Major Professor completed Part B and submits Parts A & B to OGS (ZEB310).

Name of Student: _________________________________________ Program: _______________________ Admit to Sem/Year: Fall 2001 Current Semester: __________

Initial Candidacy Semester/Year: ____________ Proposal Approved by UGS: YES NO (If “yes,” Semester/Year): __________

Student Comments: __________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Faculty Comments: __________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Semester-End Student Signature: __________________________________ Date: ______________
Semester-End Major Professor Signature: _________________________ Date: ______________