2021 Post Candidacy Graduate Student Annual Review Form for Ph.D. Progress – due Dec 15

Student Last Name, First Name: Sem & Year Began Program:

Year in Program: Semester & year started in Research Group:

Advising Committee Members LAST Names:

*From your Advising Report, please enter your* ***Cumulative GPA: Credit hours earned of 80 required for PhD***

Complete the Physics Education Research (PER) Physics Graduate Survey. ALL students MUST complete this survey which

you can opt into or out of the participation in the education research. Your responses will be anonymized.

The purpose is to investigate student understanding of physics and engineering and the cognitive mechanisms that effect

student understanding. The intent is to gain insight into student learning and improve the effectiveness of course

instruction. Your performance on the tasks will be used only in a statistical manner, with your identity kept confidential.

Your participation may help improve instruction in the future, and we appreciate your willingness to contribute to course

 improvement. <https://osu.az1.qualtrics.com/jfe/form/SV_dbAV7DQ5mO8Z6Ye>

* Thesis topic or title *(Can be updated after meeting with advisor and/or committee.):*
* Semester and year you plan to graduate *(examples: Autumn 2022, Spring 2023):*
* What are your career goals post Ph.D.? *(This should include what kind of position and/or career path you would like to have.)*
* What are you doing to prepare for your career goal?
* Milestones accomplished over last year

Attended Group Meetings: Y/N or N/A if only meet with advisor. If Yes, how frequently:

Met regularly with advisor: Y/N

Publications: contributed to paper(s) Y/N Number:

Publications: 1st author on paper(s): Y/N Number:

Title(s):

Publication(s) name:

Attended conference/workshop: Y/N Details:

Presented a talk/poster: Y/N Details:

Received scholarship or award: Y/N Details:

Gave internal research talk: Y/N

Took advanced course: Y/N Name or course topic:

Mentored an undergraduate or 1st year graduate student: Y/N

Served on department, college or university committee(s): Y/N

 Name of committee(s):

* Financial Support -Options for financial support: GRA; Advisor to request GTA; Fellowship; Graduated; Don't Know. - (*Advisor please help to clarify “Don’t Know” or “Blank” responses in Advisor Changes section on right. This information is necessary for planning Graduate Studies HR appointments, Course Support, and Budget Forecasting.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Student Response |  |  *ADVISOR comments/notes* |
| Autumn 2021: |  |  |  |
| Spring 2022: |  |  |  |
| Summer 2022: |  |  |  |

***Student comments on Funding:*** *(Comments should include how their research contributes to the project(s) that you are funded from.)*

 ***Advisor Comments on Funding: (****Comments should include things like upcoming grant expiration(s) and/or renewal(s) and any anticipated post 2nd year GTA requests.)*

***Advisors & Committee Members: By signing this Annual Review form, you are approving the student’s review material and that their research progress toward their Ph.D. is satisfactory.*** Any issues or concerns should be discussed with the advisor and/or the committee. In the case of minor concerns, you can note your conditional approval next to your signature with a brief note about the item(s) of concern and for more serious issues, separate notification should be forwarded to the Vice Chair of Graduate Studies.

Advisor Signature Date Student Signature Date

  **Conditional approval? Y/N:**

**Member, Advisory Committee Date** **Comments:**

 **Conditional approval? Y/N:**

**Member, Advisory Committee Date Comments:**

  **Conditional approval? Y/N:**

**Member, Advisory Committee Date Comments:**