Graduate Student Progress Annual Evaluation Form
Department of Chemical and Biomedical Engineering

*Note: This form must be filled out annually by every student in the Department of Chemical and Biomedical Engineering. This form must be submitted to the student's Major Professor (Advisor) by the final week of the Spring Semester.

Student Name: ___________________________ Date: __________________

Month and year that student joined graduate program: ___________________________

Graduate courses taken since matriculation:

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<th>#</th>
<th>Course</th>
<th>Semester Taken (e.g., Fall 06)</th>
<th>Grade</th>
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<td>1.</td>
<td>ECH 5052</td>
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<td>2.</td>
<td>ECH 5126</td>
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<td>ECH 5261</td>
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<td>ECH 5840</td>
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Courses currently enrolled in: ___________________________. ___________________________. ___________________________. ___________________________.

Name of Major Professor: ____________________________________________

Thesis or Dissertation 1. ___________________________. 2. ___________________________.

Committee members: 3. ___________________________. 4. ___________________________.

Note: PhD Students must form their Committee in the Spring Semester after successfully passing the PhD Qualifying Exam.

Program for Instructional Excellence attendance (Y/N): ________ Date: ________________

Safety Training Course attendance (Y/N): ________________ Date: __________________

Teaching (TA) requirement? (Y/N) ________________ Date: ________________
For MS students only:

Number of Thesis credits taken (ECH5971r, 9 hours required) ______________________

Date of MS Committee Meeting during past year: ______________________

Expected Graduation Date: ______________________

For PhD students only:

Date PhD Qualifying Examination passed: ______________________

Date of Prospectus Defense: ______________________
Note: Prospectus defense must be completed no later than the 5th semester after entering the PhD program; please state reason if you do not meet this requirement.

Number of Dissertation credits taken (ECH 6980r, 24 hours required): ______________________

Date of PhD Committee Meeting during past year: ______________________

Have you satisfied the residency requirement*? (Y/N) ______________________
* After having finished thirty (30) semester hours of graduate work or being awarded the Masters degree, the student must be continuously enrolled on either the FSU or FAMU Tallahassee campus for a minimum of twenty-four (24) graduate semester hours credit in any period of 12 consecutive months.

Tentative date of dissertation defense: ______________________

Seminar and Conference Presentations:

Department Seminar Title: ______________________

Department Seminar Date of Presentation: ______________________

Conference Presentations - Total Number: ______________________

Name: ______________________ Name: ______________________
Short Title: ______________________ Short Title: ______________________
Place: ______________________ Place: ______________________
Date: ______________________ Date: ______________________
Publications:

Total Number of Publications: ______________________

Journal Name: ______________________       Journal Name: ______________________

Authors: ______________________       Authors: ______________________

Short Title: ______________________       Short Title: ______________________

Date Submitted: ______________________       Date Submitted: ______________________

In Review? (Y/N) ______________________       In Review? (Y/N) ______________________

In Print? (Y/N, Date) ______________________       In Print? (Y/N, Date) ______________________

Student Signature: ______________________       Date: __________

Major Professor's Comments:

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Major Professor's Signature: ______________________       Date: __________