

Horticulture Graduate Program M.S. Student Evaluation

Student name: _____ Advisor(s): _____

Date of entry to M.S. program: _____

When was the date of the last committee meeting? _____

Progress toward degree

Milestones	Ideal timing	Date completed	Result (pass/fail, or committee member names)
Committee appointment	By end of 2 nd semester		
Proposal meeting	By end of 2 nd semester		
Thesis defense	By end of 2 years		

Please give the planned date of your next milestone: _____

Performance evaluation

	superior	satisfactory	unsatisfactory	Inadequate opportunity to observe
Thesis research				
Academic progress				

Please explain ratings of “unsatisfactory”:

Advisor signature

Date

Student signature

Date

If the student disagrees with this evaluation, please explain on the back of this form.

Please return one copy with both signatures to Darlene Berry, 114 Tyson, by (date)