



PhD/MSc Student Progress Report

PhD MSc

1. Instructions:

PhD/MSc student needs to complete this form once every semester. This form is designed to foster communication to ensure that you are receiving comprehensive feedback about your progress to date and future expectations. You also need to include an updated copy of your transcript. The student advisor or the department will evaluate your progress accordingly. Once completed, the finalized form should be submitted to Computer Engineering Department Office.

2. Student Information:

Name: _____ ID: _____

Program/Major: _____ GPA: _____

Advisor (Academic/Thesis): _____ First term in the program:
 Semester I Semester II Year: _____

Thesis title (if applicable): _____

Track: Computer Architecture Computer Network Digital Signal Processing Undecided

3. Milestones:

PhD			
Milestone	Check one	Expected date to pass/ accepted (if applicable)	Comments
Did you pass your complementary courses?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Did you pass all your core course work?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Is your thesis proposal accepted?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Are you 50% into your thesis work?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Did you Pass the PhD comprehensive breadth exam?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Did you Pass the PhD comprehensive depth exam?	<input type="checkbox"/> yes <input type="checkbox"/> no		

MSc			
Milestone	Check one	Expected date to pass/ accepted (if applicable)	Comments
Did you pass your complementary courses?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Did you pass all your core course work?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Is your thesis proposal accepted?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Are you 50% into your thesis work?	<input type="checkbox"/> yes <input type="checkbox"/> no		



4. Goals for Next Evaluation Period:



5. Long Term Plan:

6. Proposed Date for Next Report:



7. Chairman /Advisor Student Evaluation: tick one option
(1 Very poor, 10 Excellent)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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8. Chairman /Advisor Comments if any:

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9. Signatures:

	Student	Chairman /Advisor
Name		
Date		
Signature		