

Annual Review of Doctoral Student

DATE OF ANNUAL REVIEW: _____

Annual Review Committee Member ~~MEMBER~~ MEMBER: _____

MEMBER: _____

MEMBER: _____

MEMBER: _____

Student Information

FULL NAME (First and Last): _____

WMU WIN: _____

EMAIL ADDRESS _____

TELEPHONE: _____

DEPARTMENT/PROGRAM: _____

DATE ENROLLED: _____

GPA AT ENROLLMENT _____ CURRENT GPA: _____

Annual Review Rating

Continuation

Continuation with ~~Res~~ Reservation

Dismissal

Recommendations and/or requirements for student to maintain or improve annual review

COURSE WORK REQUIREMENTS WITH COMPLETION DATES

