

MA Review of Student Progress

Name of Student: _____

Student ID: _____

Name of Advisor: _____

Anticipated Graduation Date: _____

Date of Advising Session: _____

	Yes	No	Comments
Courses Selected for Next Semester (Attach Registration Form)			
Satisfactory Progress Toward Completing Degree Requirements (Five Years Maximum)			
Professional Competency Evaluation Completed This Semester			
Cumulative GPA of 3.0 or Above (2.7 GPA in First 12 Hours)			
Any Grades Below "B-"			
Any Incompletes or Deferred Grades			
Currently on Probation and Complying with Remediation Plan			
Clinical Case Study Progress Satisfactory			
Faculty Comments and Recommendations			
Student Comments and Recommendations			
Plans for Student Improvement and Remediation			

Signature of Student _____

Date _____

Signature of Advisor _____

Date _____

Original Copy – Graduate Coordinator; Photocopy – Student