

**COLLEGE OF EDUCATION, HEALTH, AND HUMAN SCIENCES  
DOCTORAL ANNUAL EVALUATION**

Academic Year: \_\_\_\_\_

Department: \_\_\_\_\_ Academic Plan/Major: \_\_\_\_\_

**Doctoral Student Annual Review**

In accordance with University and College policy, each year, the supervisory committee, the major professor, or the student's advisor prior to selection of a major professor, will assess the progress of the student in writing and will make available copies of the annual review to the student, the departmental chair, and the academic dean.

The department/program will forward the form to OASIS ([oasis-grad@fsu.edu](mailto:oasis-grad@fsu.edu)) via DocuSign for completion.  
*Form fields must be typed. Authenticated digital signatures (Adobe or DocuSign) are required.*

Student Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Program Entry Term/Year: \_\_\_\_\_ Major Professor/Advisor: \_\_\_\_\_

Term/Year Diagnostic Exam Anticipated\*: \_\_\_\_\_ or Term/Year Diagnostic Exam Passed\*: \_\_\_\_\_  
*\*If applicable*

Term/Year Prelim Exam Anticipated: \_\_\_\_\_ or Term/Year Prelim Exam Passed: \_\_\_\_\_

Projected Date of Graduation: \_\_\_\_\_

Current Academic Year Scholarly Engagement Requirement Completed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Satisfactory Progress: \_\_\_\_\_ Unsatisfactory Progress (Official Concern) \_\_\_\_\_

Please briefly summarize the student's progress over the past 12 months. Please note any special problems that have occurred. Please attach a separate page if additional space for comments is needed.

---

---

---

---

---

---

---

---

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of (Co-)Major Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of (Co-)Major Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Initial of OASIS Staff Member: \_\_\_\_\_ Date Received in OASIS: \_\_\_\_\_