

CTE Preliminary Evaluation and Summary (First-Year or Third-Quarter Review)

Review Date: _____
Student Name: _____ Advisor: _____
Second Reviewer: _____ Third Reviewer (if applicable): _____

Summary or Outline of Possible Research Area: ___ Acceptable
___ Needs Revision (Explain below)

Required Changes/Edits to Summary or Outline of Possible Research Area:

Required Changes/Edits to Graduate Study Program:

Additional Requirements:

Additional Comments:

Evaluation:

- ___ This student has completed the review satisfactorily.
- ___ Progress is satisfactory with the recommendations and/or requirements stated above.
- ___ Progress is not satisfactory for the reasons above (use additional sheet if necessary).

Signatures:

Advisor: _____ Date: _____
Second Reviewer: _____ Date: _____
3rd Reviewer (if applicable): _____ Date: _____
Student: _____ Date: _____