# DAPS Preliminary Review Evaluation and Summary

(First-Year or Third-Quarter Review)

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**Review Date:** ____________________________  
**Student Name:** ____________________________  
**Primary Advisor:** ____________________________

**Second Advisor:** ____________________________  
**Third Reviewer:** ____________________________

**Goal Statement:**
___ Acceptable  ___ Needs Revision (Explain below)

**Required Changes/Edits to Graduate Study Plan (Field of Concentration, Methodology, Minor etc.):**

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**Additional Comments:**

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**Requirements (If none, so state):**

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**Recommendations (If none, so state):**

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**Evaluation:**
___ Review Satisfactory  
___ Review Satisfactory but with recommendations and/or requirements stated above.  
___ Needs additional preparation. Recommend postponement of review.  
___ Recommend discontinuation or change of program (notify Area Chair, Associate Dean, & Academic Services)

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**Signatures:**

**Primary Advisor:** ____________________________  
Date: __________

**Secondary Advisor:** ____________________________  
Date: __________

**3rd Reviewer:** ____________________________  
Date: __________

**Student:** ____________________________  
Date: __________

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Revised 8/14/2013