

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

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.):

Additional Comments:

Requirements (If none, so state):

Recommendations (If none, so state):

- 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)

Signatures:
Primary Advisor: _____ Date: _____
Secondary Advisor: _____ Date: _____
3rd Reviewer: _____ Date: _____
Student: _____ Date: _____