

DAPS Specialty Review Evaluation and Summary (Sixth-Quarter Review)

Review Date: _____
Student Name: _____ Primary Advisor Name: _____
Second Advisor Name: _____ 3rd Reviewer Name: _____

Specialty Review: _____ Passed _____ Not Passed

Check completed requirements for Specialty Review below. Use space for comments or to designate incomplete requirements.

Graduate Study Plan and Portfolio Update _____

Second-Year Research Project _____

Remove Incompletes _____

Qualifying Paper _____

Other Requirements (If none, so state): _____

Other Recommendations (If none, so state): _____

*The committee approves the student advancing to candidacy (check one):
____ Yes ____ Pending Revisions ____ No

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