

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

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

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