Graduate Student Annual Review

Student: _____ **Advisor:** _____

Part 1: Completed by the Student
Please review the "MFT MS Program Criteria for Graduate Student Annual Review." This information can help you to appraise your current strengths and areas for improvement. Then, considering these expectations and other relevant goals, please address these two questions below.

1. What are your areas of strength in the program?

2. What are the areas that you are working on improving or extending?

Part 2: Completed by student's advisor
After review of the GSAR by all faculty, a copy of this form will be shared with the student and discussed as needed.

1. What are the student's areas of strength in the program?

2. What are the recommended areas for improving or extending the student's work?

Overall Evaluation: ___ **Satisfactory**
___ **Unsatisfactory** _____ **Signature of Chair/Date**

_____ **Signature of Student/Date**