Instructions:

• Who: All post Q-exam students in the field of astronomy, and their advisors, are required to complete this form each year.

  Students in other Fields, working in the Department of Astronomy, should complete the review if their advisor would like them to.

• What: The graduate student should complete the first page, and send it to their advisor, who should complete the second page. The student and advisor should discuss the review one-on-one.

• The student should return the signed and completed form to the Graduate Field Assistant, Monica Armstrong by Friday, August 30th 2013.

  The DGS will review them and contact the student/advisor as needed.
PART I – TO BE FILLED OUT BY THE GRADUATE STUDENT

Graduate Researcher: 

Advisor: 

Review Period: 

Date: 

1.- Describe your career goals, along with a rough timetable. Have these changed during the last year?

2.- Briefly describe your scientific progress during the last year.

3.- List any publications, presentations/seminars and teaching you have done this year.

4.- Briefly describe your scientific plans for the coming year.

5.- Are there any other professional or career development topics/issues you’d like to discuss with your advisor?
PART II – TO BE FILLED OUT BY THE ADVISOR

Graduate Researcher:  
Advisor:  

Review Period:  
Date:  

1.- After reviewing the graduate advisee’s own career goals and timetable, do you feel he/she is making sufficient progress towards these goals? Are the goals realistic?

2.- What are your expectations for this graduate student for the coming year?

3.- What opportunities for technical learning, acquiring teaching or mentoring experience, or developing other professional skills do you think would be beneficial to the student?

4.- Describe any other professional or career development topics you would like to discuss with the student.

Acknowledgement that meeting took place:

_________________  ___________________  ___________________
Graduate Student Signature  Date  Advisor Signature  Date

Original to student’s file/ Copy to student.

DGS Signature  Date