



Department of Theological Studies

MASTERS' STUDENT ANNUAL REVIEW FORM

Students: Please complete electronically, sign, and submit hard copy to the Director of Graduate Studies by March 15

STUDENT INFORMATION

Date of Evaluation: _____	Phone: _____
Name: _____	Banner ID: _____
Email: _____	Mentor: _____
Graduate Program: _____	
Area of Specialization: _____	

Are you on Academic Leave? ...Yes ...No

If Yes, please attach a copy of your Leave Agreement to this review.

ACADEMIC COURSEWORK

Previous courses List chronologically all previous courses you have taken since enrolling at SLU, including the grades you received. Lines can be added to the table as you progress. You can find this information using Banner.

Term	Course #	Course Title	Credits	Grade

Current courses Which courses are you taking now? Lines can be added to the table as you progress.

Course #	Course Title	Credits

LANGUAGE ACQUISITION

If applicable, list any language competency exams you have taken, the dates of those exams, and their results. Provide an expected timeline for the fulfillment of all language requirements (indicating in which languages you intend to demonstrate competency, how you intend to acquire competency, and when you plan to take the competency exams)

--

THESIS RESEARCH

If applicable, describe your current progress with the research requirements of the program (i.e., thesis, dissertation). Provide expected timelines, with dates, for completion of the major components of your thesis or dissertation, (prospectus defense, written drafts of individual chapters, final written version, committee approval, oral defense).

--

ASSISTANTSHIP ACTIVITIES

Support Have you received financial support from either SLU or external organizations? If so, what is the source (teaching assistantship or research assistantship from department, presidential scholarship, external fellowship, etc.)? Indicate whether your source of support included a stipend and the duration of the support contract. If none, leave blank.

Term	Source and Type of Support

Teaching In which courses and semesters have you been a Teaching Assistant? In which courses and semesters have you been the Primary Instructor? If none, leave blank.

Term	Course #	Course Title	Role

Research With which faculty and in which semesters have you been a Research Assistant? If none, leave blank.

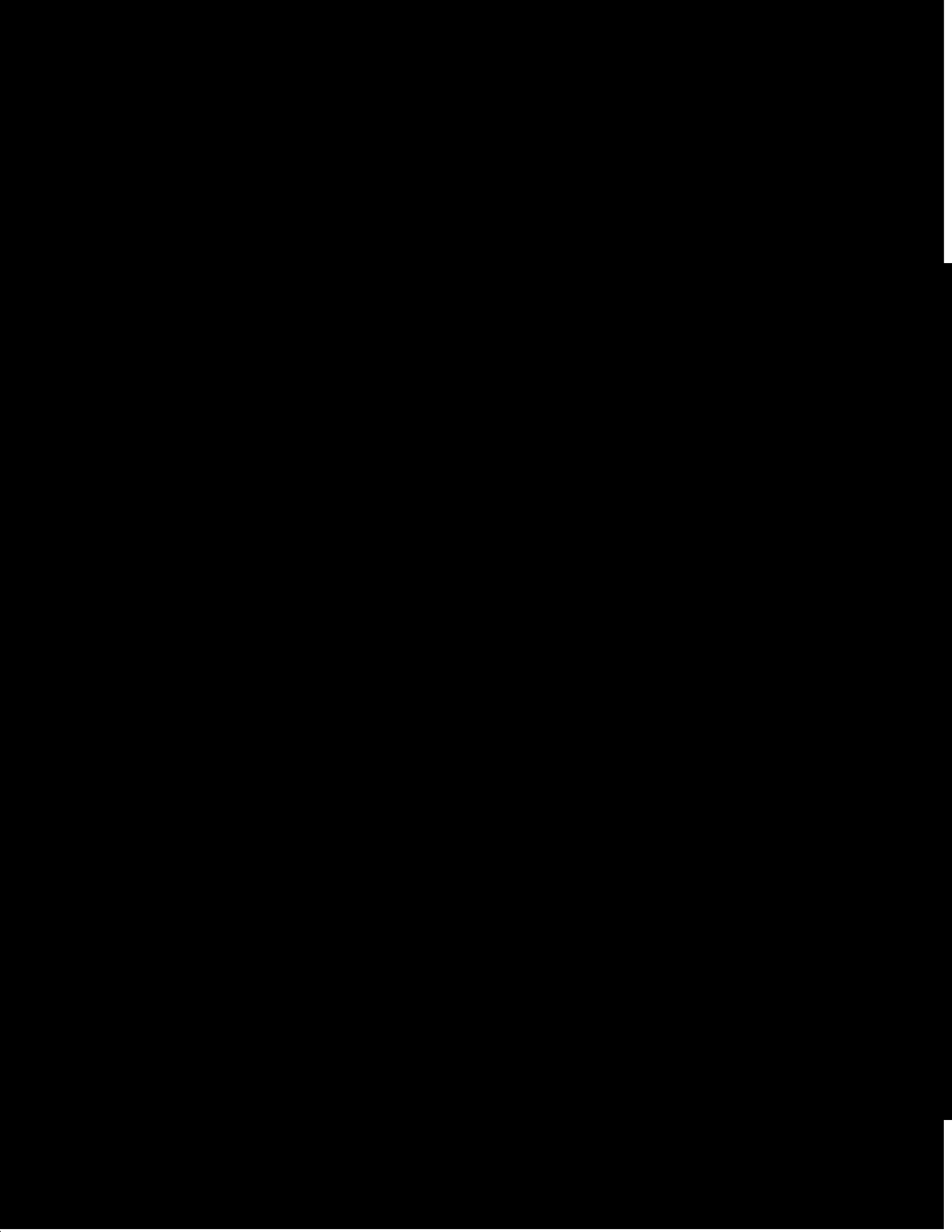
Term	Faculty Member	Main Activities

PROFESSIONAL DEVELOPMENT

List below all presentations at professional meetings and conferences for the current academic year. Include any presentations to occur over the rest of the academic year, including summer

--

List below all articles or manuscripts submitted for publication this academic year, indicating the journal to which they were submitted and the results of editorial review



.....

EVALUATION : TO BE COMPLETED BY THE FACULTY

Based upon the faculty's discussion, the quality of your work was rated in each of the following areas.

	Not Meeting Expectations	Meeting Expectations
Academic Quality of Coursework		