

**First Year Review Evaluation Form**

Student's Name

Date

Advisor (Temporary)

Advisor (Permanent)

Committee Members (print):

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Strengths and recommendations based on original paper:

Strengths and recommendations based on critique of research article:

Strengths and recommendations based on knowledge of the field:

Discuss:

Plan for meeting the Personnel Preparation and Supervision Requirement:

Portfolio Option for Special Field Qualifying Exams:

Signatures of Committee Members:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_