

## Annual Graduate Student Progress Report for

(Past) Academic Year \_\_\_\_\_

This important form requests information about your progress in the Graduate Program to date. The information you provide will be reviewed by faculty and included in the upcoming annual student evaluation meeting. ***Only students in the Clinical Program need to complete Section I.*** Please submit your completed Progress Report to your Advisor and the Graduate Coordinator via email by the deadline specified in the communications.

Name \_\_\_\_\_  
Report year in graduate program \_\_\_\_\_  
Program area \_\_\_\_\_ Supervisor \_\_\_\_\_  
Minor \_\_\_\_\_

### **Cumulative Summary (across all years), only while at the UofA**

**Total number of journal publications you have including in press:**

**Total number of book chapters you have including in press:**

**Total number of manuscripts submitted for review at this time:**

**Total number of scientific presentations you have made:**

**Total number of grants or fellowships you have applied for:**

**Total number of grants or fellowships you have received:**

**Indicate how many in each category:**

\_\_\_\_\_ NSF \_\_\_\_\_ NIH \_\_\_\_\_ Other

**If "other" please specify source:**

**Total number of other academic awards you have received:**

**Number of publications prior to coming to the UofA:**

**Courses Completed:** *List courses completed in chronological order from the date of enrollment to present.* Include independent study, research, thesis and dissertation units. Also provide the instructor's name, number of credits, and grade received.

Course Name/Number	Instructor	Credits	Grade

Total units completed last year \_\_\_\_\_ Total units completed to date \_\_\_\_\_

**A reminder:**

Please check here if you have completed all coursework requirements for the Ph.D. If you have not done so in prior years, please obtain your advisor's signature below.

- My advisor signed off in a prior year to verify I have met all coursework requirements
- This is the first year I am reporting I have completed my coursework requirements and my advisor's signature is below.

\_\_\_\_\_  
Advisor Signature and Printed Name

\_\_\_\_\_  
Date

**A. Progress Milestones Completed**

	Month/year completed since admittance to UA	Committee Members
MA committee formed		
MA thesis proposal approved		
MA thesis completed and defended		
Written Comp passed		
Oral Comp passed		
Doctoral committee formed		
Dissertation proposal approved		
Dissertation completed and defended		

**For all sections below please include dates for all activities**

- B. Current research activities:** Please describe the projects that you are currently involved in. Provide project titles, names of collaborators and status of the projects.
- D. Scholarship:** Using APA format, list all of your publications and presentations during your time at the University of Arizona in chronological order, including those in press or accepted for presentation. List publications, followed by in press papers, papers submitted, and conference presentations/posters.
- E. Teaching:** List all of your teaching experiences during your time at the University of Arizona in chronological order, whether as a TA or as a primary instructor. Include supervision of undergraduates in independent study.
- F. Service:** List all departmental or university committees that you have served on during your time at the University of Arizona in chronological order, as well as community service (e.g., community work, volunteer counseling).
- G. Grants:** List all grants applied for during your time at the University of Arizona in chronological order. For each grant applied for, indicate the funding source and whether was awarded or not selected for funding.
- H. Other accomplishments:** List any other accomplishments, including honors or awards you received during your time here at the University of Arizona in chronological order.

**I. Clinical experience (for Clinical students only)**

<b>Category</b>	<b>Hours (academic year under review)</b>	<b>Total Hours (including academic year under review)</b>
Therapy/intervention hours		
Assessment hours		
Other (e.g., indirect service, training, consulting, supervision)		
Total		

Please list the externships you have completed during the academic year under review:

In the fall of what year do you plan to apply for internship? \_\_\_\_\_

What additional clinical experiences (if any) do you hope to have before then?