

Department of Theological Studies

DOCTORAL STUDENT ANNUAL REVIEW FORM

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

Date of 1	Evaluation:			_				
					Phon	e:		
Email: _				_	Bann	er ID:		
Graduate	e Program:			_	Ment	or:		
Area of	Specializati	on:		_				
Are you o	on Academi	c Leave?	□ Yes	□No)			
f yes, ple	ease attach a	a copy of your l	Leave Agreer	nent to th	nis revie	w.		
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LANGUAGE ACQUISITION

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).
COMPREHENSIVE EXAMINATIONS
List the comprehensive exams you have taken, the dates of those exams, and their results. Provide an expected timeline for the completion of all exam requirements.
DISSERTATION RESEARCH
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 (i.e., 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

<u>Teaching</u>: 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	Instructor (for TAs)	Role

<u>Research</u>: 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 al	I presentations at	professional	l meetings:	and conf	ferences f	or the	current a	academ	ic
year. Include	any presentation	is to occur ov	er the rest	of the ac	cademic y	year, ir	ncluding	summe	r.

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 reviews.
List below all internal or external grant submissions (or your participation in submissions) this academic year, indicating the funding source to which they were submitted and the results of the reviews, if known.
Describe any specialized training in teaching. Have you completed or do you plan on completing the Certificate Program in Teaching from the Reinert Center for Transformative Teaching and Learning?
List below all internships that you have had this academic year, indicating the place, time commitment, and activities of the program.

List all professional organizations of which you are a student member, including any offices held.
Describe any professional service and/or leadership positions associated with the university, graduate education, department or program. Indicate your title and dates of service.
List any awards, honors and achievements you have received this academic year.
Are there any other factors that you would like to have included in your evaluation?

areas.		ch of the following
· · ·	NT / N # / !	35.0
	Not Meeting Expectations	Meeting Expectations
Academic Quality of Coursework		
Research Quality of Thesis, Prospectus or		
Dissertation		
Research Quantity (timely completion of project)		
Comprehensive Examinations		
Language Acquisition		
Assistantship Quality and Quantity		
Professional Development		
Collegiality		
expectations" in any area.)		

Date

Director of Graduate Studies' signature