## WESTERN MICHIGAN UNIVERSITY DEPARTMENT OF HISTORY GRADUATE STUDIES COMMITTEE GSAAR CHECKLIST

YEAR
STUDENT NAME
Overall Rating of Student Progress (check or circle one):
EXCELLENT
GOOD
ADEQUATE
INADEQUATE
Checklist of Documents & Reviewer's Comments (indicate N/A where appropriate)
Completed GSAAR submitted for year including:
Endorsement of Supervising Professor List of courses taken
Incompletes (indicate course number)
Minimum Foreign Language Requirement met
Permanent Program of Graduate Study filed
Exam/Thesis/Dissertation Committee form filed
MA Exam/Portfolio Defense Taken (Date)
MA Thesis / Dissertation Prospectus approved & presented (Date)
TA / IOR Evaluations (no. and dates)
MA Thesis / Dissertation defense scheduled (date)

Please indicate what you consider to be deficiencies or problems, and suggest how student might improve:
Do you have any suggestions that the Committee should pass along to the Supervising Professor (including whether the Committee should meet with the SP)?
Reviewer Name
Reviewer Signature
Date