STUDENT INFORMATION RECORD FORM GRADUATE PROGRAM NAME

Name: Campus Address: Phone: Start of Program: Advisor A: Advisor B:		GRADUATE STUDENT'S NAME STUDENT'S CAMPUS ADDRESS PHONE NUMBER TERM BEGAN PROGRAM NAME NAME																
									Inst	ructio	ons: Include	all information	on from yo	ur entry into	the pro	ogram until now.		
									A.	Cou	rses: List (1) Name, (2)	Number, (3	3) Term take	n, (4) C	brade received		
										Core Courses inside Graduate Program		Program						
	(1)	COURSE N	IAME	(2) COU	RSE NUM	(3) TE	ERM TAKEN	(4) GRADE										
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		Title:			TITLE													
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	Proposal submitted (date): DA					DATE												
		Data Collection (dates):			D	ATE	DAIE	DATE	—									
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	Current Status (in progre			ess suhmi	, submitted, completed):			STATUS										
				Date: DATE			anticipated actual											
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	2.	Qualifyin	g / Prelimina	ry Exami	nation (date):	DATE	<u> </u>										

SIR form for GRADUATE STUDENT'S NAME

	Anticipated date Passed	Passed with revisions	☐ Fail ☐	
3.	Dissertation General area of interest:	AREA OF INTEREST		
	Title:	TITLE		
	Chairperson:	NAME		
	Committee Members:	NAME NAME NAME		
	Progress to date	IVAIVIE		
		DATE	submitted	accepted
	Data Collection (dates): _	DATE began	DATE finished	
	Current Status (in progress, subm	<u>e</u>		
	Dissertation Defense:	DATE	anticipated	actual
	research in progress (Please list s. Please include any presentations	Ţ.		research
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Year T	hree			
Year F	our			
Year F	ive			

D. Publications (List all p	published work, including w	ork that is in press.)	
PUBLICATION CITA	ΓΙΟΝ		
E. Paper Presentations (List all paper presentations.)	
PAPER PRESENTATION	ON #1		
F. Teaching Experience (List all courses taught at Ul	M or elsewhere.)	
(1) COURSE NUM (1)	(2) INSTRUCTOR (2)	aught, (4) Appointment, (5) A (3) TERM (4) APPT FR (3) (4)	ACT (5) EVAL (5)
expenses) for each term	. Examples of these source	ing for graduate school (tuiti s are: UM-fellowships, non- study, employment outside	UM fellowship, GSI, GSRA
Year in Graduate Program	Fall	Winter	Summer
First			
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Year Three			
Year Four			
Year Five			

I. As of Date (Please enter the date you submitted this document.)

Year One:	DATE
Year Two:	DATE
Year Three:	DATE
Year Four:	DATE
Year Five:	DATE