

**Michigan State University**  
**Annual Progress Report for Health Professions Education Master's Students**

Name \_\_\_\_\_ Student PID Number \_\_\_\_\_

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**Portion Completed by the Student**

**Academic Progress**

**A copy of the current program of study should be attached to this report.**

Date of entrance into program\* \_\_\_\_\_ Anticipated completion date \_\_\_\_\_

\*If admitted under provisional status, date provisional status removed: \_\_\_\_\_

Date or anticipated date of certifying exam or evaluation  
(Evaluation methods may differ across departments/units): \_\_\_\_\_

Are all program requirements completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what requirements remain?

Most recent contact with the guidance committee/academic advisor: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Number of credits below 3.0: \_\_\_\_\_

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**Professional Performance and Potential**

The student should attach the following information:

1. Professional goal statement for the year (noting both academic and career goals)
2. Goal statement for the next year
3. Vitae including
  - Presentations at professional conferences or meetings
  - Service to the department/school/college, if any
  - Any publications for lay or professional audiences
  - Participation with faculty on research projects or similar endeavors
  - Participation with faculty on community projects, workshops or other outreach efforts
4. Other

Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty.

Comment briefly on your progress toward achieving your career goals during the past year. If you feel you are not making progress, explain why. Include perceived departmental/school obstacles that hinder your program.

Name \_\_\_\_\_

Student PID Number \_\_\_\_\_

**Portion completed by Academic Advisor/Program Director**

**Academic Performance**

1. Has the student made acceptable progress during the evaluation period? Please comment below.

2. Please comment on the overall academic performance of the student, including teaching experiences, if applicable.

**Student** Your signature below indicates that your major professor has reviewed and approved the contents of this progress report.

Student \_\_\_\_\_ Date \_\_\_\_\_

**Academic Advisor/  
Program Director** Your signature below indicates that you have reviewed and approved the contents of this progress report.

Academic Advisor/Program Director \_\_\_\_\_ Date \_\_\_\_\_

Dept/School Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

When both the major professor and student have reviewed and signed this progress report, copies of the report should be given to the student and the major professor. The original progress report should be placed in the student's file in the department/unit office. Students who wish to appeal any part of the major professor's evaluation may do so in writing to the department chair/school director.

**\*\*Note:** Departments/Units may choose to use this form for annual or academic year evaluations.