**Initial Diagnostic Evaluation Report for Graduate Degrees Department of Biological Sciences**

**Place a completed copy of this form in the student’s file within 1 week of the meeting.**

Student Name: ID#

Date conducted: Degree program:

Overall comments of evaluation: Please indicate areas of strength and weakness (drawn from Planning Worksheet and including oral communication skills). For each observed weakness, describe specific coursework, independent study, teaching internships, committee members, or other experience that would address the weakness. This Report will be re-examined at the students comprehensive exam (for doctoral students) or defense (for MS students) to ensure the recommendations were followed.

Student’s signature: date:

Advisor:

(print name) (signature) (date)

Diagnostic Assessment Committee members:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (print name) |  | (signature) |  | (date) |
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| (print name) |  | (signature) |  | (date) |

*Updated October 2016*