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)
_____	_____	_____
(print name)	(signature)	(date)
_____	_____	_____
(print name)	(signature)	(date)
_____	_____	_____
(print name)	(signature)	(date)