



Annual Progress Evaluation Form for Doctoral Students*

Department of Industrial and Manufacturing Engineering

4815 Fourth Street, Detroit, MI 48202

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Please complete the form and turn in to the IME Dept. Secretary (Mr. Mike Weitz)

Evaluation Period: Fall/ Winter/ Summer _____ to Fall/ Winter/ Summer _____

Last Name:	First Name:	Student ID:
Telephone:	Mobile:	E-Mail:
Year & Term Admitted:	Expected Date of Completion:	

Attempted Ph.D. Prelims: YES / NO (If yes, complete questions below)

Year PROB Prelim Cleared:	Year STAT Prelim Cleared:	Year OR Prelim Cleared:
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Passed Ph.D. Qualifiers: YES / NO (If yes, complete questions below)

Year and Term Qualifying Passed:	Percent of Dissertation Research Completed: ____%
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Committee Members: (including affiliations of non-departmental members)

Credit Hours Completed (Evaluation Period)	Major Courses:	Minor Courses:	Dissertation:
Total	Major Courses:	Minor Courses:	Dissertation:

Research Progress:

Publications and Presentations *(Please include complete Reference and attach copies of manuscripts):*

Student's Signature: _____ Date: _____

Advisor's Evaluation:

Course Work (circle one):	Excellent	Satisfactory	Unsatisfactory	Poor	No Basis to Evaluate
Research Progress (circle one):	Excellent	Satisfactory	Unsatisfactory	Poor	No Basis to Evaluate
Expected Date of Graduation:	Semester _____ Year _____				
Advisor's Comments:					
Advisor's Name:	Signature:	Date:			

Ph.D. Committee Comments:

Ph.D. Committee Chair's Name: _____ Signature: _____ Date: _____

* In case of questions regarding form completion, contract the Ph.D. Committee Chair (Dr. Ratna Babu Chinnam @ 313.577.4846 or r_chinnam@wayne.edu)
Modified: August 11, 2005.