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| --- | --- |
|  | Year End Student Progress Evaluation |
| Student Information |
| To be completed by the student and given to their faculty advisor for comment before being submitted to the Graduate Program Advisor, gd-arthi@arthistory.ucsb.edu. |
| Student Name: |  |  |  |  |  | Date:  |  |
|  |  | *Last Name* |  | *First Name* |  |  |  |
|  |
| **I. Courses I have taken this year**: |
|  |
| **Fall** |  | **Winter** |  | **Spring** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| II. One Paragraph Report on Academic Progress to be Completed by Student (Below): |
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|  |
| III. One Paragraph Evaluation of Student's Academic Progress to be Completed by the **Student's Faculty Advisor** (Below): |
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