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## GRADUATE STUDENT ANNUAL REVIEW

College of  
**DESIGN**  
**ARCHITECTURE**  
**ART**  
**PLANNING**

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ M#: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Year Started Program: \_\_\_\_\_ Prospective Graduation Date: \_\_\_\_\_

Annual Review Due Date: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Summary of Review: \_\_\_\_\_

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Status in Program: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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### Signatures:

**Please note:** This confirms that the student has received an annual review of his or her progress in the program in writing.

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

Faculty \_\_\_\_\_ Date \_\_\_\_\_

Attachments: \_\_\_\_\_

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