

# D | A | A | P

## 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: \_\_\_\_\_

---

---

---

---

---

---

---

---

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

---

---

---

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

---

---

---

### 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: \_\_\_\_\_

University of Cincinnati  
School of Design  
PO Box 210016  
Cincinnati, OH 45221  
Attn: Sheri Cottinim  
[sheri.cottingim@uc.edu](mailto:sheri.cottingim@uc.edu)  
513-556-4377