



**SAINT LOUIS**  
UNIVERSITY  
— EST. 1818 —

Department of Theological Studies

## MASTERS' STUDENT ANNUAL REVIEW FORM

*Students: Please complete electronically, sign, and submit hard copy to the Director of Graduate Studies by **March 15***

### **STUDENT INFORMATION**

Date of Evaluation: _____	Phone: _____
Name: _____	Banner ID: _____
Email: _____	Mentor: _____
Graduate Program: _____	
Area of Specialization: _____	

Are you on Academic Leave?       Yes       No

If Yes, please attach a copy of your Leave Agreement to this review.

### **ACADEMIC COURSEWORK**

Previous courses: List chronologically all previous courses you have taken since enrolling at SLU, including the grades you received. Lines can be added to the table as you progress. You can find this information using Banner.

Term	Course #	Course Title	Credits	Grade

Current courses: Which courses are you taking now? Lines can be added to the table as you progress.

Course #	Course Title	Credits

## **LANGUAGE ACQUISITION**

If applicable, list any language competency exams you have taken, the dates of those exams, and their results. Provide an expected timeline for the fulfillment of all language requirements (indicating in which languages you intend to demonstrate competency, how you intend to acquire competency, and when you plan to take the competency exams).

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## **THESIS RESEARCH**

If applicable, describe your current progress with the research requirements of the program (i.e., thesis, dissertation). Provide expected timelines, with dates, for completion of the major components of your thesis or dissertation (i.e., prospectus defense, written drafts of individual chapters, final written version, committee approval, oral defense).

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## **ASSISTANTSHIP ACTIVITIES**

Support: Have you received financial support from either SLU or external organizations? If so, what is the source (teaching assistantship or research assistantship from department, presidential scholarship, external fellowship, etc.)? Indicate whether your source of support included a stipend and the duration of the support contract. If none, leave blank.

Term	Source and Type of Support

Teaching: In which courses and semesters have you been a Teaching Assistant? In which courses and semesters have you been the Primary Instructor? If none, leave blank.

Term	Course #	Course Title	Role

Research: With which faculty and in which semesters have you been a Research Assistant? If none, leave blank.

Term	Faculty Member	Main Activities

### **PROFESSIONAL DEVELOPMENT**

List below all presentations at professional meetings and conferences for the current academic year. Include any presentations to occur over the rest of the academic year, including summer.

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List below all articles or manuscripts submitted for publication this academic year, indicating the journal to which they were submitted and the results of editorial reviews.

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List below all internal or external grant submissions (or your participation in submissions) this academic year, indicating the funding source to which they were submitted and the results of the reviews, if known.

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Describe any specialized training in teaching. Have you completed or do you plan on completing the Certificate Program in Teaching from the Reinert Center for Transformative Teaching and Learning?

List below all internships that you have had this academic year, indicating the place, time commitment, and activities of the program.

List all professional organizations of which you are a student member, including any offices held.

Describe any professional service and/or leadership positions associated with the university, graduate education, department or program. Indicate your title and dates of service.

List any awards, honors and achievements you have received this academic year.

Are there any other factors that you would like to have included in your evaluation?

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**EVALUATION: TO BE COMPLETED BY THE FACULTY**

Based upon the faculty's discussion, the quality of your work was rated in each of the following areas.

	<b>Not Meeting Expectations</b>	<b>Meeting Expectations</b>
<b>Academic Quality of Coursework</b>		
<b>Language Acquisition (if applicable)</b>		
<b>Assistantship Quality and Quantity (if applicable)</b>		
<b>Collegiality</b>		

Commentary

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Studies' signature

\_\_\_\_\_  
Date