

Supporting Courses

<i>Course number/title</i>	Rationale/Approved by	Semester Planned/Completed	Grade

Has there been any deviation from your Plan of Study? If so, explain your plans and file a new plan of study.

B. Project Phase

CITI Training Valid through	Date:
List the Completed sections of Proposal	
Proposal Defense date(s)	Date Passed:
List Completed sections of Project	
DNP Project Committee Chair	DNP Project Committee Members

C. Please complete the remaining sections and submit the form to your Advisor. Evaluate your progress in the following areas. Describe your progress in topic development.

Critical reading of the research and theoretical literature	
Synthesis of research and theoretical findings	
Identification of gaps in the literature	
Knowledge and skill in Project Planning	
Application of supporting or interdisciplinary research perspective	

Brief description of progress in planning and completing your project. If you are in the first years, simply describe what you think your practice improvement project will be.
Other professional achievements of note:

Time status of your study this academic year Full ____ Part ____ Mixed ____

Average Hours per week in Study for Doctoral program	
Average Hours per week of employment	
Average Hours per week of	

Doctoral Graduate or Teaching Assistantship	
---	--

FUTURE GOALS of the next academic year

Briefly list goals :

Briefly list other professional goals (presentations, publications, etc):

STUDENT'S CONCERNS about past performance, future goals, conflicting demands, or other issues that may affect progress toward degree.

ADVISOR SECTION

ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE (To be completed by advisor)

Student initiates meeting with Advisor	Frequently	Often enough to support progress	Rarely
Academic progress to date:	Above Expectations	At Expectations	Below Expectations
Practice improvement project progress to date:	Above Expectations	At Expectations	Below Expectations
Future Goals as presented by student:	Ambitious	Realistic	Needs Added Rigor
CV Attached	Excellent	Acceptable	Needs Revision

Advisor's Comments:

Advisor's Name (Printed) _____

Signature _____ Date _____

Student's Signature _____ Date _____