

# Checklist for Review of Student Progress in the FIRST YEAR of the MA Program

To be signed by the supervisory committee; signed copy to be submitted to the Graduate Advisor.

## Coursework

GMST/SLST 501                      Completed\_\_\_\_\_                      Not Completed\_\_\_\_\_

If not completed, state status of the course (e.g. deferral) and expected course completion:

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GMST/SLST 502                      Completed\_\_\_\_\_                      Not Completed\_\_\_\_\_

If not completed, state status of the course (e.g. deferral) and expected course completion:

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3.0 units of coursework                      Completed\_\_\_\_\_                      Not Completed\_\_\_\_\_

If not completed, state status of the courses (e.g. deferral) and expected course completion:

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Comments about student's overall performance in the graduate courses:

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## Thesis / Project

Thesis/Project Proposal Approval                      Completed\_\_\_\_\_                      Not Completed\_\_\_\_\_

If not completed, provide an explanation and projection for completion of approval:

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**Practicum** (Holocaust Studies MA stream only)      Completed\_\_\_\_\_Not Completed\_\_\_\_\_

If not completed, state why and when the student will fulfill the practicum requirement:

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**General Comments about the Student's Overall Performance during the First Two Terms**

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Overall Satisfactory\_\_\_\_\_

Overall Unsatisfactory\_\_\_\_\_

**Benchmarks for Year 2**

Summer Term

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Fall and Spring Terms

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**Meeting Frequency and Check-In Timeline with Supervisor / Supervisory Committee**

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**Signatures**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_