

FIRST-YEAR EVALUATION OF JOINT Ed.D. IN EDUCATIONAL LEADERSHIP STUDENTS

Name _____ Degree _____

Address _____
Street Apt. City State Zip

Phone _____ Program _____

Faculty Counselor – CSU _____

Faculty Counselor – Berkeley _____

DEGREES COMPLETED:

Degree _____ Major _____ Institution _____ Date _____

Degree _____ Major _____ Institution _____ Date _____

The area should schedule a counseling conference for each student who has completed two semesters of study for a doctorate in Education and made a decision as to the advisability of continuing study. The decision is to be reported on this form, which is then placed in the student's file in the Student Academic Services Office, 1600 Tolman Hall.

For Program Office Use:

RECOMMENDATION: ☐ (1) Continue with work for _____ degree
☐ (2) Correct deficiencies before beginning of 4th semester
☐ (3) Terminate graduate studies at this time

1. Reasons for the above recommendation: _____

2. Papers or other evidence submitted: _____

3. Names of faculty participating in evaluation: _____

4. Grades: Summer session GPA: _____ Number of 'I' Grades: _____

First semester GPA: _____ Number of 'I' Grades: _____

Second semester GPA: _____ Number of 'I' Grades: _____

APPROVALS:

Head Graduate Adviser: _____ Date: _____