

**Michigan State University  
Annual Progress Report for AFNRE MA Students**

Name \_\_\_\_\_

Student PID Number \_\_\_\_\_

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***Portion Completed by the Student***

**Academic Progress**

Semester of entrance into program \_\_\_\_\_ Anticipated completion semester \_\_\_\_\_

Semester or anticipated semester of project presentation and defense \_\_\_\_\_

Are program requirements completed? \_\_\_\_ Yes \_\_\_\_ No

If no, what requirements remain?

Most recent contact with the guidance committee/academic advisor \_\_\_\_\_

Current GPA \_\_\_\_\_ Number of credits below a 3.0 \_\_\_\_\_

Any incomplete or deferred courses? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe a plan to complete these courses.

Any courses on your degree plan that are not offered when you need them? \_\_\_\_ Yes \_\_\_\_ No

If yes, list potential alternative courses.

Did you receive any MSU/CSUS fellowship/scholarship \$\$\$ this year? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate type and amount.

- In the space below and on the next page, answer the following questions related to your AFNRE MA graduate program. Once completed, send this document to your faculty advisor.
- The faculty advisor will review your report, then write their assessment of your progress.
- After you receive your advisor's assessment, meet with them to review the document and provide the appropriate signatures.
- Return the completed document to the AFNRE MA Program Coordinator (Dr. Everett).

List and describe three new skills you have learned in the past calendar year related to your AFNRE MA degree program.

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Describe your personal and professional goals and describe how your AFNRE program relates to those goals.

Provide recommendations for how your faculty advisor and committee can help you address any concerns you may have or facilitate your degree progress.

Provide recommendations for how the AFNRE Team can help you with concerns or degree progress.

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***Portion to be completed by the faculty advisor***

Please provide a summary overview of student progress, recommendations and future considerations.

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***Signatures (to be signed after student/advisor meeting to discuss progress)***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

***Electronic copies to: AFNRE MA Program Coordinator, Student, and Faculty Advisor***