

## **Advisor Survey**

### **Annual Student Review**

**DATE:**

**FACULTY ADVISOR'S NAME:**

**STUDENT'S NAME:**

*Please answer the following questions as specifically as possible. Your answers will be used to generate an official record of the student's progress in the Vision Science program.*

1. Were you able to meet with your advisee in person?
2. Did you meet with the student's research mentor?
3. Briefly summarize your evaluation of the student's progress.
4. Which accomplishment(s) do you find most noteworthy in the student's progress?
5. Are you concerned about this student's ability to progress in the program or to complete the PhD?
6. What recommendation do you have for this student?
7. Additional Comments (if any):