

## REVIEW OF GRADUATE THESIS STUDENT

Name \_\_\_\_\_

Student I.D. \_\_\_\_\_

Advisor \_\_\_\_\_

Working Title of Master's Thesis \_\_\_\_\_

Members of Thesis Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Assess the year in terms of your coursework, professional/ethical behavior, service learning, and research/writing for your thesis.
2. Please outline your objectives for the remainder of the program and propose a timetable for completing your master's thesis.

\_\_\_\_\_  
Signature of Graduate Student

\_\_\_\_\_  
Date

**To be completed by the student's advisor:**

1. Comment on the student's year in terms of coursework, professional/ethical behavior, service learning, and research/writing for thesis.
  
  
  
  
  
  
  
  
  
  
2. Comment on the student's timetable for completing the program.

I have met with the student to discuss his or her progress.

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Signature of Advisor

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Date

Return to Human Development and Family Studies Graduate Coordinator when completed.

Cc: Student

**PLAN OF STUDY FOR GRADUATE CERTIFICATE  
IN HUMAN DEVELOPMENT AND FAMILY STUDIES - ADOLESCENT  
DEVELOPMENT**

Name \_\_\_\_\_

Admitted \_\_\_\_\_  
(semester) (year)

<b>Course Number and Name</b>	<b>Semester/ Year</b>	<b>Credits</b>	<b>Grade</b>
HDFS 950 Contemporary Issues in Adolescent Development	_____	_____	_____
HDFS 995 Seminar and Special Problems	_____	_____	_____

**Electives (as approved by advisor; one course must be HDFS):**

_____	_____	_____	_____
_____	_____	_____	_____

**Graduate certificates require a minimum of 14 credits to graduate.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NOTE: A signed copy of this completed Plan of Study form must be filed with the Graduate Coordinator.**