

Michigan State University
Annual Progress Report for Plan B Master's Students

Name: _____

Student PID Number: _____

Expected Graduation Date: _____

Course	Semester	Completed/Plan to Take
Required		
STT 810		
STT 811		
CSE 482		
CSE 881		
CMSE 830		
CMSE 831		
Electives		
Other Approved Courses		
Capstone		

Name: _____

Student PID Number: _____

Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty.

Comment briefly on your progress toward achieving your career goals during the past year. If you feel you are not making progress, explain why. Include perceived departmental/school obstacles that hinder your program.

Student: Your signature below indicates that you have reviewed the contents of the progress report, and it is accurate to the best of your knowledge.

Student Signature: _____ Date: _____

Program Director
Academic Advisor Signature: _____ Date: _____