

THIS FORM IS FOR PREVIEW PURPOSES ONLY AND WILL NOT BE ACCEPTED FOR SUBMISSION.

PLEASE INITIATE FORM IN DOCUSIGN.

FORM PHS13: PRE-QUALIFYING EVALUATION MILESTONE OUTCOME FORM

Instructions

PHS students initiate this form after submitting a revised manuscript and written response to the reviewers' comments provided at the oral evaluation.

Student & Evaluation Date

Student:

Date of Oral Evaluation:

Evaluation Outcome

- Pass** – No further action is needed to complete this Evaluation Milestone
- Improvement Plan** – An improvement plan is developed and communicated with a timeframe provided. Once completed, the grade is converted to a Pass. Note: Students may proceed to the next step in the Qualifying Exam Process while completing the improvement plan.
- Fail** – The student does not complete the initial Evaluation Milestone or does not complete the assigned improvement plan by the assigned due dates.

If a grade of incomplete has been assigned, please provide specific action items and expected dates of completion for the student.

Signatures

Role	Name	Signature	Date
Student			
CTS 604 Course Director			
Reviewer 1			
Reviewer 2			
Reviewer 3			

Program Director			
------------------	--	--	--

Distribution: All signers and GSBS Administration