**Master Student’s Research Progress Report**

Name:

Student ID:

Years:

Title of Thesis:

Advisor:

* Date of oral presentation:
* Location of presentation:
* Evaluation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Proceeding as planned
 | □Excellent | □Great | □Good | □Not Good |
| 1. Feasibility of research
 | □Excellent | □Great | □Good | □Not Good |
| 1. Completeness of research
 | □Excellent | □Great | □Good | □Not Good |

* Result:

|  |  |
| --- | --- |
|  □ PASS  | □ FAIL |

* Suggestions:
* Signature of Advisor: ● Signature of Dept. Chair/Dept. Graduate Chair:

(If the space provided is insufficient, you may copy and attach sections of this form.)