Department of Computer Science

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Progress Report Evaluation Form

Student Name: _____ **SAM ID:** _____ **Email:** _____

Major: ☐ **Computing and Data Science**
☐ **Digital Forensics**
☐ **Information Assurance and Cybersecurity**

Progress Report for: ☐ **Thesis** ☐ **Master's Project**

Semester and Year of Anticipated Graduation: _____

Thesis/Project Title: _____
_____

Progress Report approved by Committee Chair was sent to Committee Members at least one week prior to Progress Report Evaluation: ☐ **Yes** ☐ **No**

The student reported his/her progress to Committee Chair
☐ **weekly** ☐ **bi-weekly** ☐ **never** ☐ **other:** _____

The undersigned committee members certify that the above-named student will
☐ **absolutely** ☐ **likely** ☐ **marginally** ☐ **unlikely** ☐ **absolutely not**
complete the thesis/project in this semester.

Comments:
_____
_____
_____

Committee Chair:

_____   _____
Print Name   Signature and Date

Committee Members:

_____   _____

_____   _____