



Emory FACES Fellows Semester Progress Report

Name: _____ Semester: _____

Department/Program: _____ Years in Program: _____

Phone Number: _____ Campus Address: _____

Email address: _____

Advisor: _____ Next Committee Meeting: _____

1. Coursework remaining to complete degree requirements:

2. Summary of research progress/rotations completed since last report (attach separate sheet if necessary):

3. Plans for next reporting period (attach separate sheet if necessary):

4. Checkpoints passed:

	Date Taken/Planned	Date Passed
Prelim/Comp		
Proposal		
Defense		

5. Publications (this semester):

6. Conference Presentations (this semester):

7. External fellowship applications:

Award Name: _____

Date Submitted: _____ Decision: _____

Award Name: _____

Date Submitted: _____ Decision: _____

8. Post PhD plans:

9. Are you currently on

____ academic probation?

____ family/medical leave?

Please explain any current or expected delays in academic or research progress:

10. Additional information/comments/questions:

Fellow Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Please return at the end of each semester to:

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