

DNP STUDENT ANNUAL REVIEW _____ (year)

This review must be discussed in a meeting between the student and advisor and is to be completed by May 30th; form is signed by both and forwarded to the Director of Advanced Practice and Graduate Certificate Programs, who will review it and file it in the student's formal record in OSA. A signed copy of the Plan of Work must be attached. *Copies should be retained by the student and the student's advisor.*

Student's Name:	Student's ID:
Term of Admission:	Year in Program:
WSU email address:	

BENCHMARKS FOR PROGRESSION	Date	BENCHMARKS FOR PROGRESSION	Date
Last Annual Review (year)		Coursework completed (by Year 2 for Full-Time students; by Year 4 for Part-Time students)	
Interim POW filed (by 12 credits)		Preliminary Examinations: Date Written Exam completed Date Oral Exam completed	
Final POW filed (by 20 credits)		DNP Project Committee: Chair: Reader: Consultant: Final Presentation: Degree Completion:	

I.	Is the student's progress consistent with the Plan of Work filed? If no, describe inconsistencies and reasons for inconsistencies.	YES	NO
II.	What barriers, if any, has the student experienced in completing the Plan of Work?		
III.	List student's clinical scholarship activities during the past year (e.g. complete citations of publications and presentations, awards or honors, receipt of fellowship or research grant, etc.)		

IV.	List the goals for the student in the coming year (e.g. complete formal courses, participate in on course related EBP experiences, apply for other fellowship, take preliminary examination, begin or complete Clinical Inquiry Project, submit articles for publication, present at conference, etc.)	
	Previous year objectives:	Next year's Objectives:
Overall progress to date: <input type="checkbox"/> <i>Exceeds Expectations</i> <input type="checkbox"/> <i>Meets Expectations</i> <input type="checkbox"/> <i>Approaching Goals</i> <input type="checkbox"/> <i>Not Meeting Expectations</i> <i>(Circle One)</i>		
If <i>Approaching Goals</i> or <i>Not Meeting Expectations</i>, complete Individual Development Plan and attach.		
Signatures:	Student/Date	Advisor/Date
	Director of Advanced Practice and Graduate Certificate Programs: Date:	