

Annual Activities Report – Political Science Graduate Student

Please attach a recent CV to this form

Form for the Period: _____ to _____

Name _____ GPA _____ Date Started Program _____

Funding Source(s) _____ Funded Through Date _____

1st Field _____ Exam Date (or expected) _____ Result _____

2nd Field _____ Exam Date (or expected) _____ Result _____

3rd Field _____

Supervisory Committee Form Filed on Date _____

Prospectus Defense Date (or expected) _____ Result _____

Dissertation Title _____

Chair _____ Committee _____

TA, RA, grader, or other Assignment (semester) _____

Course(s) Taught (semester) _____

Courses Taken in Academic Year

Semester	Course Numbers and Titles	Professor	Credit Hours	Grade	Req'd for 1 st Field	Req'd for 2 nd Field	Req'd for 3 rd Field
Summer 20____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall 20____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring 20____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Courses Taken Towards Graduation Requirements

List from oldest (top) to most recent (bottom)

Do not include research or dissertation hours

Semester	Course Numbers and Titles	Professor	Credit Hours	Grade	Req'd for 1 st Field	Req'd for 2 nd Field	Req'd for 3 rd Field
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Conference/Workshop Paper and Poster Proposals Submitted in Academic Year

Date	Title of Paper or Poster	Conference Title	Accepted (Y/N)	Presented (Y/N)	Poster
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Papers in Press or Submitted for Review in Academic Year

Date	Title of Article	Journal Title	Outcome and Date (Accepted/R&R/Denied)

Working Papers Written During Academic Year

Date	Title	Intended Use	Seminar Paper (Y/N)

External Grants and Fellowships Applied for in Academic Year

Date	Title of Grant/Fellowship	Purpose and (Amount)	Awarded (Y/N)	Accepted (Y/N)

UF Grants and Fellowships Applied for in Academic Year

Date	Title of Grant/Fellowship	Purpose and (Amount)	Awarded (Y/N)	Accepted (Y/N)

Awards Received in Academic Year (Teaching, Paper, Dissertation, etc.)

Date	Title of Award	Purpose and (Amount)

Service to the Field, Department/Discipline, and University in Academic Year

Date	Title	Description

Other Relevant Activities in Academic Year

Date	Title	Purpose

Courses Anticipated for Following Academic Year

Semester	Course Numbers and Titles	Professor	Credit Hours	Req'd for 1 st Field	Req'd for 2 nd Field	Req'd for 3 rd Field
Summer 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fall 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spring 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Courses That you Would Like to Take in Future Years

Semester	Course Numbers and Titles	Professor	Credit Hours	Req'd for 1 st Field	Req'd for 2 nd Field	Req'd for 3 rd Field
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ 20____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Concerns During Academic Year

Concern Source	Reason (Please Provide as Much Detail as Possible)

Teaching Evaluations During Academic Year 2011-2012

Follow instructions bellow and include report [here](#) after printing

1. Please log on to <https://evaluations.ufl.edu/evals/>
2. Click on Promotion & Tenure
(To review and export evaluation data specifically for promotion and tenure packets)
3. Select the appropriate semester(s) in which you taught for this academic year by clicking boxes available
4. Click Generate report button
5. Click Export to Word button
6. Copy/Paste the full report from .word file onto this Student Activity Report

Signature of Graduate Student Date

Signature of Mentor/Advisor Date

Signature of Graduate Coordinator Date