**Annual Mentoring Plan**

Please fill out sections 1-3 of this plan before you meet with your committee and bring the document to the committee meeting, where you can fill out the remaining sections in consultation with your committee. Please use as much space you need in each section.

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| 1. *The Handbook states that there must be a formal meeting of each PhD supervisory committee no later than each Spring semester. The date of this committee’s* ***last*** *formal meeting was:*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/mo/yr) |

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| 1. *Progress made toward accomplishing goals set in last mentoring plan or, if this is the very first committee meeting, toward meeting degree requirements since beginning the program (i.e., courses completed, written exam [i.e., field statement, comprehensive exam] preparation/writing, oral examination [proposal defense], research, chapters written/revised, conference presentations, publications, etc.). Expand as necessary:* |

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| 1. *If the goals established during the last mentoring plan were not achieved, please explain why (e.g., lack of access to resources, illness, etc.). If the reasons are confidential (e.g., medical, family, etc., please reach out to* [*Student Advocacy and Assistance*](https://eoss.asu.edu/dos/srr/StudentAdvocacyandAssistance) *who can help you access not only the best resources for your needs but also the appropriate paperwork – e.g., DRC time extensions, absence justification, etc.). Expand as necessary:* |

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| 1. *Specific goals for the next year. Expand as necessary:* |

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| 1. *To achieve these goals, the student mentee, by mutual agreement with their committee, commits to (expand as necessary):* |

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| 1. *To achieve these goals, the chair and members of the mentoring committee, by mutual agreement with the student, commit to (expand as necessary):* |

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| 1. *Anticipated date for the completion of the PhD degree requirements*:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr) |

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| *Comments (e.g., reasons why planned goals may deviate from expected for a student in a given stage in their program):* |

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| DATE of ***this*** Supervisory Committee Meeting (please write out the month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | ***Role*** | ***Name***  ***(If the student, please add your ID # too)*** | ***Signature*** | | ***Student*** |  |  | | ***Chair*** |  |  | | ***Co-Chair*** |  |  | | ***Member*** |  |  | | ***Member*** |  |  | |