



Department of Media & Information
MICHIGAN STATE UNIVERSITY

Annual Progress Report Plan B: AY 2025-26

Name _____ Student PID Number _____

Academic Progress *To be completed by the student*

Date entered the program (Semester/Year): _____

Estimated program completion (Semester/Year): _____

Date of most recent contact with the academic advisor: _____

Current GPA: _____ Grades below 3.0: _____

Expected date of thesis proposal: _____ Expected date of thesis defense: _____

Program Requirement Checklist *To be completed by student*

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Submit Plan of Study to advisor and Dr. Shillair |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed GradPlan tile checklist in the Student Information System (SIS) <ul style="list-style-type: none">• Research Review (annually)• Course Plan (submitted once)• Committee (submitted once)• Annual Progress Review (this form) uploaded in SIS (annually) |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete RECR CITI online modules: CITI - Collaborative Institutional Training Initiative |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete 6 hours RECR discussion-based workshops A total of 6-hours is required to graduate* |
- If no, enter total hours remaining to date: _____

Courses Completed *Minimum of 30 credits required to graduate*

Please check which graduate certificate(s) if any you intend to complete.

☐ Serious Game Design ☐ Other _____ ☐ Not pursuing a certificate

Required Courses

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> MI 810 | |
| <input type="checkbox"/> MI 820 | OR <input type="checkbox"/> MI 831 |
| <input type="checkbox"/> MI 803 | OR <input type="checkbox"/> MI 841 |

Additional Program Requirements

- | | |
|--|---|
| <input type="checkbox"/> 16 MI 800-level credits | <input type="checkbox"/> Formed a committee |
| <input type="checkbox"/> 4-6 Project credits | <input type="checkbox"/> Presented project proposal |

Total Credits Completed: _____



Professional Performance and Potential

1. Comment briefly on your progress in achieving your academic goals during the past year. Note areas in which you are experiencing any difficulty. Provide your professional goals and goals for next academic year.
2. Comment briefly on your progress toward achieving your career goals during the past year. If you feel you are not making progress, explain why. Include perceived departmental/school obstacles that hinder your program.
3. Have you submitted any papers to journals or presented at a conference? Have you participated in funded grants (with faculty)?
4. Please share any achievements or additional comments:

Academic Performance *To be completed by the advisor*

1. Has the student made acceptable progress during the evaluation period?
2. Please comment on the overall academic performance of the student:

By signing this form, students and advisors indicate they have discussed the contents of the progress report.

Student Signature: _____

Date _____

Advisor Signature: _____

Date _____

Program Director Signature: _____

Date _____

When signed, copies of the report should be given to the student, advisor, and academic program coordinator. Students who wish to appeal any part of the advisor's evaluation may do so in writing to the department chair/school director.

