University of Kentucky
Department of Hispanic Studies
Annual Pre-Quals Meeting Report[1] with DGS or Dissertation Advisor [2] Date of

Meeting (Day/Month/Year): _____ / _____ / _____ ; Semester / Year: _____ / _____

Student First Last Name: _____ ; Student ID#: _____

DGS/Dissertation Advisor: _____

Began Program: _____; Year: 20_____

Total Years (Semesters) of TA Funding Provided including current: _____ years (_____ semesters)

___

SPECIALIZATION/AREAS OF STUDY

SPECIALIZATION: Hispanic Literary & Cultural Studies **OR** Hispanic Linguistics & Applied Linguistics:
_____
_

PRIMARY/SECONDARY AREAS OF STUDY:
Primary Area:_____   ; Secondary Area: _____

___

PREVIOUS GRADUATE DEGREES, TRANSFER CREDIT & COURSEWORK

1. MA Completed: Date: _____ / _____ / _____ : Institution: _____ ;
Program Name: _____ MA
course credits transferred:
    Course Prefix Number, Credit Hours = UK Course, Credit Hours:
    _____ _____ , _____ = UK _____ _____ , _____;

2. MA Completed: Date: _____ / _____ / _____ : Institution: _____ ;
Program Name: _____ MA
course credits transferred:
    Course Prefix Number, Credit Hours = UK Course, Credit Hours:
_____ _____ , _____ = UK _____ _____ , _____;

3. Other Grad. Degree: Date: _____ / _____ / _____ : Institution: _____ ;
Program Name: _____
Course credits transferred:
    Course Prefix Number, Credit Hours = UK Course, Credit Hours:
    _____ _____ , _____ = UK _____ _____ , _____;

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[1]   The student should fill out all programmatic information, including the DELI's teaching evaluation, BEFORE being submitted to the DGS or dissertation advisor for their review and evaluation.

[2]   This meeting with the DGS or dissertation advisor should be convened **_by the student_** and should take place at least once each semester, preferably during advising in March.

	Required Courses (SPA 553 & SPA 600 or 770)	Grade	Primary Area Courses (5/15 cr. hrs. min.)	Grade	Secondary Area Courses (3/9 cr. hrs. min.)	Grade	Elective Courses	Grade	SPA Courses: 12 courses/ 36 cr. hrs. min.	Non-SPA courses: 3 courses/ 9 cr. hrs. min.	600/700 level courses 12 courses/ 36 cr. hrs. min.
Fall 20__											
Spring 20__											
Fall 20__											
Spring 20__											
Fall 20__											
Spring 20__											
Fall 20__											
Spring 20__											
Total		Total		Total		Total		Total			

Graduate Certificates:

Certificate: _____ ; Completed: _____ (semester)/_____ (year)

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

 Notes:_____

Certificate: _____ ; Completed: _____ (semester)/_____ (year)

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

    Course/Grade/Semester/Year:_____/_____/_____/_____

Notes:_____

Advisor Evaluative Comments:

FOREIGN LANGUAGE REQUIREMENT

Language: _____ ; Fulfilled by _____ ; Semester/Date: _____

Advisor Evaluative Comments:_____

TENTATIVE DISSERTATION TOPIC/TITLE, DIRECTOR & COMMITTEE MEMBERS
Topic/Title: _____
Director: _____
Committee Members: _____

Advisor Evaluative Comments:

SCHOLARLY ACTIVITIES & PROFESSIONAL DEVELOPMENT

Conference Presentations:_____
Conference Attendance:_____
Publications:_____
Article submissions: _____
Formal Workshops:_____
Other: _____

Advisor Evaluative Comments:

TEACHING

☐ Student is NOT teaching courses at UK.

Summary of "End-of-semester Evaluation" and Overall Instructor Score (TCE):

	Course Number and Section	"End-of-semester Evaluation" (Overall TA Performance)	DELI Comments	Overall Instructor Score ("The instructor provided quality teaching.")
Spring; Year:____				
Fall; Year: _____				

Advisor Evaluative Comments:

SERVICE/CITIZENSHIP

☐ The student is NOT on campus.

The student has participated in the following service-related activities associated with the department or the college/university:

☐ KFLC abstract review/rating, panel organization, registration desk, etc.
☐ Nuestro Rumbo as presenter
☐ La mesa de español tutor
☐ Almuerzos los miércoles (organizados por la Dra. Campbell-Speltz)
☐ HIGSA leadership
☐ Participation in HIGSA meetings in a non-leadership role
☐ Sigma Delta Pi leadership
☐ Sigma Delta Pi member
☐ Course leader
☐ University and college-level grad student association & activities
☐ Other: _____

Advisor Evaluative comments:

AWARDS

The student has received the following awards:
Research Awards:_____
Teaching Awards:_____
Service Awards:_____
Other:_____

SUMMARY COMMENTS & SIGNATURES

I have discussed this annual evaluation form with _____ (student´s first and last name) and feel that the student's progress…

☐ exceeds expectations.
☐ meets expectations.
☐ fails to meet expectations.

Advisor Evaluative Comments:

Student's signature: _____

Advisor's signature: _____

DGS signature: _____