

**Oral Communication Skill**

**(Annual)**

*This form should be completed by the advisor and advisory committee members at the student’s annual committee meeting.*

**Student Name**:       **Major Advisor:**

**Graduate Program**:

**Annual Year:** 20

**Semester:** Spring  Summer  Fall

**Research Course:**  XXXX 9210  XXXX 9300

**Oral Communication Skills - Advisory Committee Feedback:** Advisory committee members will provide written feedback on the student’s ability to present and discuss their research area and data, “think on their feet” and respond to questions about their research/research area. Please include strengths as well as opportunities for improvement/enhancement of skills.

**The Major Advisor is responsible for providing a completed copy of this form to the student after the committee meeting.** The student will use this feedback to develop oral communication skill goals and will attach this completed form to their annual committee meeting form for submission to TGS.

**COMMITTEE FEEDBACK**

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| **Committee Summary of Student’s Oral Communication Strengths:** |

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| **Committee Summary of Opportunities for Growth and Improvement:** |