
Professional Growth Plan (PGP)

Student Name (Last, First, MI): _____

Program Name: _____

Year in Program: _____

Advisor: _____

Evaluation Date: _____

Objective 1: _____

Activities to accomplish the objective:

Timeline for completing activities:

Criteria for successfully completing the objective:

Objective 2: _____

Activities to accomplish the objective:

Timeline for completing activities:

Criteria for successfully completing the objective:

Resources to aid in completion of the plan (check all that apply):

- Extra feedback on work
- Regular appointments with faculty
- Referral to campus writing center
- Referral for tutoring
- Provision of extra training modules (e.g. plagiarism certificate, research compliance, other content)
- Opportunity to retake a course or attend portions of a course
- Articles or other reading materials to enhance success
- Referral to counseling services
- Other (please specify): _____

Signature of Advisor

Signature of Student

Date

Date PGP Successfully Completed

Student Signature

Advisor Signature

Training Director Signature:

Department Chair Signature