

PhD Biomedical Sciences First Dissertation Committee Meeting Form

First Name:	Last Name:
Expected Date of Graduation:	Term/Year Admitted:
Email address:	PID:

Meeting Date:

Title of Dissertation Proposal:

Oral Presentation Performance:

Relevant Background / Preliminary Data:

Research Potential:

Brief Description of Research Progress:

FUTURE GOALS (To be completed by advisor)

Advisor's Comments:

PhD Biomedical Sciences First Dissertation Committee Meeting Form

Advisor's Name (Printed) _____ Signature _____

Date _____

Student's Comments:

Signature of student _____ Date _____

Signature below indicates the faculty advisors have participated in the review of the dissertation progress and have indicated either Satisfactory (S) or Unsatisfactory (U) progress to date.

Faculty Name	Faculty Signature	Decision (S/U)	Date
[], Ph.D. (Chair)			
[], Ph.D. Faculty name			
[], Ph.D. Faculty name			
[], Ph.D. Faculty name			
Committee Comments:			