

PhD Biomedical Sciences Pre-Defense Committee Meeting Form Required by All Students

Section I: To be completed by the student and signed by the mentor before the meeting. This form must be sent to the Program Office for approval. The Program must receive Section I of this form no later than one day before the Pre-Defense meeting.

First Name:	Last Name:
Expected Date of Graduation:	Term/Year Admitted:
Knights email address:	PID:
Title of Dissertation:	
Dissertation Advisor Name:	
Academic Standing including GPA:	
Brief Description of Research Progress:	
Current Publications (submitted/accepted/published – add pages as needed):	
Presentations (include name of conferences - add pages as needed):	
Professional Achievements/Awards:	

Student's Name (printed) _____ Signature _____ Date _____

Advisor's Name (printed) _____ Signature _____ Date _____

PhD Program Coordinator Signature _____ Date _____

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Section II: To be completed by Committee Chair before the Pre-Defense meeting.

Student's Name (printed) _____ PID _____ Date _____

Committee Summary (Brief description of research progress – add pages as needed)

PhD Dissertation Defense Approval

To be completed at the conclusion of the Pre-Defense meeting.

<p style="text-align: center;">Student Met Dissertation Defense Requirement</p> <p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>	<p style="text-align: center;">Semester/Year Approved For Defense</p> <p>Fall _____</p> <p>Spring _____</p> <p>Summer _____</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">FACULTY ADVISOR PRINT NAME</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">FACULTY ADVISOR SIGNATURE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">COMMITTEE CHAIR SIGNATURE, IF DIFFERENT</p>
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Signature below indicates the faculty advisors have participated in the annual review of the dissertation progress and have indicated either Satisfactory (S) or Unsatisfactory (U) to proceed to dissertation defense.

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

PhD Program Coordinator Signature _____ Date _____