

PhD Biomedical Sciences Annual Dissertation Committee Meeting Form

Section I: To be completed by the student.

First Name:	Last Name:
Expected Date of Graduation:	Term/Year Admitted:
Knights email address:	PID:
Title of Dissertation:	
Dissertation Advisor Name:	GPA:

Section II (part 1): To be completed during the meeting by the advisor.

ASSESSMENT OF STUDENT'S PROGRESS TO DEGREE

PERFORMANCE FACTORS	Excellent	Satisfactory	Needs Improvement	Poor	N/A
Quality Research work in Progress or Completed					
Quality of Journal and/or Conference Papers					
Potential to pursue Doctoral work					
Self-Motivation					
Overall knowledge needed for field of study					
Course work performance					
Dependability					
Overall assessment of performance (required)					

Estimate of percent of Dissertation Research Completed _____%

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Section II (part 2): To be completed during the meeting.

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:			

Student Name _____ Signature _____ Date _____

PhD Coordinator Name _____ Signature _____ Date _____