



REPORT OF THESIS/DISSERTATION COMMITTEE MEETINGS
Required every 6 months

Name of Student: _____ **Expected Degree:** _____

Graduate Program: _____ **Date of Meeting:** _____

Date of next committee meeting: _____

Committee Members: (Print Name & Email)

Chairperson

• **Comments (please refer to suggested topics on next page to be discussed at committee meetings):**

• **Please assess the ability of this student to function collaboratively and professionally in a scientific setting.** (e.g. department seminars, scientific meeting, lab meeting, journal club)

Satisfactory

Unsatisfactory, needs improvement
(please comment)

IDP has been reviewed and accepted.

Mentor's Signature

Student's Signature

Chairperson's Signature

Suggested Topics:

- Completion of Program requirements (preliminary exam, qualifying exam, etc.)
- Completion of course work; transcript updated at each meeting
- Presentations/Seminars
- Publications
- Meetings attended
- Discussion of research

Students should present a current resume/CV

• **Additional Comments:**

The Program Director has reviewed and approved the content of this form and the student's IDP.

Program Director (Print Name)

Program Director's Signature

*Please keep a copy of this form for your records and also send one to the office of the Division of Biomedical Science Programs