



Dissertation Committee Meeting Report
Required every 6 months

Name of Student: _____

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)

Suggested Topics: (Students should present a current resume/CV)

- 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

• Additional Comments:

The content of the student's IDP has been reviewed and approved:

- Chairperson Mentor Program Director

(When applicable) By checking the box below, you are verifying that the student has completed all research needed to write their Dissertation and is approved to register for Thesis Defense in the following semester.

- Chairperson Mentor Program Director

Expected date of graduation:

- Fall Spring Summer Year _____

Chairperson's Signature

Mentor's Signature

Program Director's Signature

Student'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