Committee Meeting Report

Student’s name: ____________________________________________________________ M.S. / Ph.D.

Research Supervisor/Advisor: __________________________________________________

Meeting Date: _______________________________________________________________________________________

Members Present: _______________________________________________________________________________________

Members Absent: _______________________________________________________________________________________

Purpose of Meeting: _______________________________________________________________________________________

Action Taken:

_______ Approved target completion date (recommended for each meeting):

_______ Tentative research topic approved: ________________________________________________________________

_______ Coursework approved, subject to completion of the following (note semester to be taken):

_______ Approved switch from M.S. to Ph.D. or Ph.D. to M.S.

_______ Approved qualifying examination date: __________________________________________________________

and format (Ph.D. only): ________________________________________________________________

_______ Approved research progress (comment below)

_______ Approved defense date: ________________________________________________________________

_______ Presented post-graduation plans (by end of 3rd semester for MS or 9th semester, for Ph.D.)

_______ Other (describe): ________________________________________________________________

Comments:

Supervisor/Advisors Signature: ______________________________ Date: ____________________