

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: _____