ANNUAL RESEARCH ADVISORY COMMITTEE MEETING

Student's Name_________________________________ Mentor______________________________________
Date of Research Committee Meeting _________________________20_____
Progress of Thesis: □ Satisfactory □ Unsatisfactory

USE BACK OF FORM FOR ADDITIONAL SPACE
Recommendations of the committee:

Research goals to be met before next committee meeting:

Are experiments well-designed and generating or likely to generate useful data that will contribute to an acceptable thesis?

Are there significant technical or other problems that might interfere with the student’s progress over the next year?

Student’s strengths and weaknesses:

Please comment on the following. If student needs improvement, please specify how.
Work ethic: □ Satisfactory □ Needs Improvement ___________________________________________________
Scientific curiosity: □ Satisfactory □ Needs Improvement ___________________________________________
Ability to think independently: □ Satisfactory □ Needs Improvement _________________________________
Laboratory skills: □ Satisfactory □ Needs Improvement _____________________________________________
Communication skills: □ Satisfactory □ Needs Improvement __________________________________________

Has the student published papers and/or is the work likely to lead to first author publications? ______________
Has the student applied for any pre-doctoral awards or fellowships? _______________________________
Has the student presented at any scientific meetings? _______________________________________________
What are the student’s future career plans? _______________________________________________________

Comments of student (optional): __________________________________________________________________
____________________________________________________________________________________________

Committee Name (please print)  Signature  Concur  Dissent
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_______________________________________  ___________________________________20_____
Student Signature     Anticipated thesis defense date

_______________________________________  ___________________________________20_____
Program Director Signature    Associate Dean Signature