

DEPARTMENT OF MOLECULAR BIOLOGY AND MICROBIOLOGY

Molecular Biology and Microbiology Program
Molecular Virology Program, Cell Biology Program

COMMITTEE MEETING REPORT *for 3rd and subsequent committee meetings*

*This form may be used for additional pre-/post-qualifying committee meetings. **Committee meetings should take place at least twice a year.***

Student's Name:	Date of Committee Meeting:
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Departmental Seminar:

Rate on a scale of 1 (outstanding) to 5 (poor) NOTE: If the student receives scores of 4 or 5 in any areas please describe how these problems will be addressed in the report.

	Verbal Skills	Audio/Visual	Poise	Understanding, Response to Questions
Chair signature _____ Name (printed):				
Advisor signature _____ Name (printed):				
Member signature _____ Name (printed):				
Member signature _____ Name (printed):				
Member signature _____ Name (printed):				

Thesis Committee Meeting:

Rate on a scale of 1 (outstanding) to 5 (poor).

	Quality of Report	Progress on Thesis and Publications	Knowledge	Presentation
Chair signature _____ Name (printed):				
Advisor signature _____ Name (printed):				
Member signature _____ Name (printed):				
Member signature _____ Name (printed):				
Member signature _____ Name (printed):				

Report

☑ Attach a copy of the student's annual pre-thesis report. Answer the following questions. Explain any items checked "NO". Additional comments may be made on a separate page.

1. Is the research project reasonable and appropriate?

YES

NO (please explain):

2. Summarize the main aims of the project:

3. Is the student's progress in courses, intellectual development and research appropriate?

YES

NO (please explain):

4. What are the areas of strength? needing improvement?

5. Is the student making appropriate progress?

YES

NO (please explain):

6. What are the plans and the timetable for publication and completion of the thesis?

7. Have copyright and thesis style issues been addressed?

YES

NO (please explain):

8. Responsible Conduct of Research has been discussed.

YES

NO (please explain):

9. The student's Career Goals and Individual Development Plan have been discussed

YES

NO (please explain):

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Advisor

Approved: _____ Date: _____
Department Chair/Program Director