



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Quarter and Year student entered Graduate School: \_\_\_\_\_

Date of advancement to candidacy: \_\_\_\_\_

Expected Quarter and Year of thesis defense: \_\_\_\_\_

Date of previous committee meeting: \_\_\_\_\_

**Comments from Thesis Advisor (Required):**

Please attach typed comments after the meeting or email comments to Pam McDonald and Graduate Advisor, Jennifer Martiny.

**Comments from committee members (Optional):**

**Comments from the student (Optional):**

Please attach typed comments after the meeting or email comments to Pam McDonald and Graduate Advisor, Jennifer Martiny.

**Committee Member and student signatures for student progress (Required)**

| Name:                  | Signature | Satisfactory progress?   |
|------------------------|-----------|--------------------------|
| _____ Student          | _____     | <input type="checkbox"/> |
| _____ Thesis Advisor   | _____     | <input type="checkbox"/> |
| _____ Committee Member | _____     | <input type="checkbox"/> |
| _____ Committee Member | _____     | <input type="checkbox"/> |
| _____ Committee Member | _____     | <input type="checkbox"/> |
| _____ Committee Member | _____     | <input type="checkbox"/> |

**Please return this form with all signatures to Pam McDonald, 321A Steinhaus Hall.**

Date received in Office \_\_\_\_\_