



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 Melanie Nakanishi 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 Melanie Nakanishi 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 Melanie Nakanishi, 321A Steinhaus Hall.**

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