



## COMMITTEE MEETING REPORT

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:

The thesis advisor is required to email a summary of the meeting to the student, cc'ing the committee members, graduate affairs coordinator, and departmental graduate advisor. The student and committee members are encouraged, but not required, to send comments separately and/or respond to the thesis advisor's comments.

### Student Progress:

#### Committee Members and Student Signatures (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"/>

Please return this form by DocuSign to the graduate affairs coordinator.