POST-COMPS PROGRESS FORM

Name of Graduate Student: ____________________________________________________
Graduate Study Initiation Date: _____________ Date Passed Comprehensive Examination: _____________

PART A: RESEARCH AGREEMENT

I, ____________________, hereby agree to serve as Research Advisor for ________________.
I expect to support this student financially: Yes or No
If no, please explain ____________________________________________________________________________
Area of Research: ____________________________________________________________________________
Preliminary Title of Project: ______________________________________________________________________
Signature of Research Advisor: ___________________________________ Date: __________
Signature of Student: ___________________________________ Date: __________
Signature of Co-Advisor (if applicable) _____________________________ Date: __________
Signature of Dept. Assoc. Chairperson ______________________________ Date: __________
Signature of Dept. Chairperson ____________________________________ Date: __________

TERMINATION OF RESEARCH AGREEMENT:
In the event that the above agreement is terminated, the advisor and student must complete this section.
Signature of Research Advisor: ___________________________________ Date: __________
Signature of Student: ___________________________________ Date: __________
Signature of Co-Advisor (if applicable) _____________________________ Date: __________
Reason for Termination:
Signature of Dept. Assoc. Chairperson ______________________________ Date: __________
Signature of Dept. Chairperson ____________________________________ Date: __________

PART B: PROPOSED DISSERTATION COMMITTEE
(Department Chairperson’s Approval Required)

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<tr>
<th></th>
<th>Name</th>
<th>Theorist or Experimentalist</th>
<th>Subfield of Physics</th>
<th>Department &amp; email (if other than Physics &amp; Astronomy)</th>
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Approved by Dept. Assoc. Chairperson: ___________________________ Date: __________
Approved by Dept. Chairperson: _________________________________ Date: __________
### FIRST MEETING OF DISSERTATION COMMITTEE

**Meeting Date:** ______________  
**Expected date of dissertation defense:** ____________

**Changes in Committee?** YES or NO  
If yes, elaborate: _______________________________  
**Members Present:** ___________________________________________________________

**Committee EVAL Forms & Summary Completed?** YES or NO

**Comments:** __________________________________________________________________

______________________________  
**Signature of Student:** _________________________________________  **Date:** _____________

**Signature of Research Advisor:** _________________________________  **Date:** _____________

**Signature of Co-Advisor (if applicable):** __________________________  **Date:** _____________

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### SECOND MEETING OF DISSERTATION COMMITTEE—DUE DATE: __________

**Meeting Date:** ______________  
**Expected date of dissertation defense:** ____________

**Changes in Committee?** YES or NO  
If yes, elaborate: _______________________________  
**Members Present:** ___________________________________________________________

**Committee EVAL Forms & Summary Completed?** YES or NO

**Comments:** __________________________________________________________________

______________________________  
**Signature of Student:** _________________________________________  **Date:** _____________

**Signature of Research Advisor:** _________________________________  **Date:** _____________

**Signature of Co-Advisor (if applicable):** __________________________  **Date:** _____________

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### THIRD MEETING OF DISSERTATION COMMITTEE—DUE DATE: __________

**Meeting Date:** ______________  
**Expected date of dissertation defense:** ____________

**Changes in Committee?** YES or NO  
If yes, elaborate: _______________________________  
**Members Present:** ___________________________________________________________

**Committee EVAL Forms & Summary Completed?** YES or NO

**Comments:** __________________________________________________________________

______________________________  
**Signature of Student:** _________________________________________  **Date:** _____________

**Signature of Research Advisor:** _________________________________  **Date:** _____________

**Signature of Co-Advisor (if applicable):** __________________________  **Date:** _____________
FOURTH MEETING OF DISSERTATION COMMITTEE—DUE DATE: __________

Meeting Date: _______________ Expected date of dissertation defense: __________
Changes in Committee? **YES** or **NO** If yes, elaborate: _______________________________
Members Present: _______________________________________________________________

Committee EVAL Forms & Summary Completed? **YES** or **NO**
Comments: ____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Signature of Student: _________________________________________  Date: _____________
Signature of Research Advisor: _________________________________  Date: _____________
Signature of Co-Advisor (if applicable): __________________________  Date: _____________

FIFTH MEETING OF DISSERTATION COMMITTEE—DUE DATE: __________

Meeting Date: _______________ Expected date of dissertation defense: __________
Changes in Committee? **YES** or **NO** If yes, elaborate: _______________________________
Members Present: _______________________________________________________________

Committee EVAL Forms & Summary Completed? **YES** or **NO**
Comments: ____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Signature of Student: _________________________________________  Date: _____________
Signature of Research Advisor: _________________________________  Date: _____________
Signature of Co-Advisor (if applicable): __________________________  Date: _____________

FINAL MEETING OF DISSERTATION COMMITTEE (DEFENSE)

Meeting Date: _______________ Expected date of dissertation defense: __________
Changes in Committee? **YES** or **NO** If yes, elaborate: _______________________________
Members Present: _______________________________________________________________

Committee EVAL Forms & Summary Completed? **YES** or **NO**
Comments: ____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Signature of Student: _________________________________________  Date: _____________
Signature of Research Advisor: _________________________________  Date: _____________
Signature of Co-Advisor (if applicable): __________________________  Date: _____________