

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** **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. 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: _____
(attach any backup correspondence, if applicable)
 Signature of Dept. Chairperson _____ Date: _____

PART B: PROPOSED DISSERTATION COMMITTEE

(Department Chairperson's Approval Required)

	Name	Theorist or Experimentalist	Subfield of Physics	Department & email (if other than Physics & Astronomy)
1				
2				
3				
4				
5				

Approved by Dept. Chairperson: _____ ***Date:*** _____

FIRST MEETING OF DISSERTATION COMMITTEE

Meeting Date: _____ Expected date of dissertation defense: _____

Changes in Committee? **Yes** **No** If yes, elaborate: _____

Members Present:

Committee EVAL Forms & Summary Completed? **Yes** **No**

Comments or write, "see evals":

Signature of Student: _____ Date: _____

Signature of Research Advisor: _____ Date: _____

Signature of Co-Advisor (if applicable): _____ Date: _____

SECOND MEETING OF DISSERTATION COMMITTEE - DUE DATE: _____

Meeting Date: _____ Expected date of dissertation defense: _____

Changes in Committee? **Yes** **No** If yes, elaborate: _____

Members Present:

Committee EVAL Forms & Summary Completed? **Yes** **No**

Comments or write, "see evals":

Signature of Student: _____ Date: _____

Signature of Research Advisor: _____ Date: _____

Signature of Co-Advisor (if applicable): _____ Date: _____

THIRD MEETING OF DISSERTATION COMMITTEE - DUE DATE: _____

Meeting Date: _____ Expected date of dissertation defense: _____

Changes in Committee? **Yes** **No** If yes, elaborate: _____

Members Present:

Committee EVAL Forms & Summary Completed? **Yes** **No**

Comments or write, "see evals":

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** **No** If yes, elaborate: _____

Members Present:

Committee EVAL Forms & Summary Completed? **Yes** **No**

Comments or write, "see evals":

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** **No** If yes, elaborate: _____

Members Present:

Committee EVAL Forms & Summary Completed? **Yes** **No**

Comments or write, "see evals":

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** **No** If yes, elaborate: _____

Members Present:

Committee EVAL Forms & Summary Completed? **Yes** **No**

Comments or write, "see evals":

Signature of Student: _____ Date: _____

Signature of Research Advisor: _____ Date: _____

Signature of Co-Advisor (if applicable): _____ Date: _____