

DISSERTATION COMMITTEE MEETING

Required annually beyond 1st meeting

Meeting # _____

CHECK IF THIS IS THE STUDENT'S 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:

Signature of Student: _____ Date: _____

Signature of Research Advisor: _____ Date: _____

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

Add any additional comments below: