

Graduate Student Advisory/Research Committee Meeting Report Department of Medical & Molecular Genetics

Student Name: _____

Date of Meeting: _____

Major Professor: _____

Co-Major Professor (if applicable): _____

Date of entry into PhD study at IUSM: _____

Committee type: Advisory Committee Research Committee

Date student passed the candidacy exam (if applicable): _____

Place a check in the appropriate column:

	Satisfactory	Unsatisfactory
Coursework	<input type="checkbox"/>	<input type="checkbox"/>
Plan of study	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>

RESEARCH Grading Period	RESEARCH Grade	
		<i>Note that only letter grades (A, A-, B+, etc. or an I (Incomplete) grade can be recorded. Do not record an "R" grade.</i>

Committee Members Present:

Name	Department	Signature (email)
		cc'ed on email to Peggy
		cc'ed on email to Peggy
		cc'ed on email to Peggy
		cc'ed on email to Peggy

Comments and Recommendation of the Committee:

Please write a sufficient amount of detail to cover what was discussed at the meeting including any concerns or suggestions towards the research project/academic requirements. Provide enough detail so that the graduate coordinator can follow the progress of the student by reading this report (to record or address any areas of concern).

Suggested date for next meeting: _____

Signature of Program Graduate Advisor: _____ copy on email _____