Fall 202\_\_ Dissertation Committee Review

Name:

First Semester Enrolled (fall/spring and year):

Date advanced to candidacy:

**TYPED ONLY:** **Summary of Committee Recommendations:**

Things to be included: What was discussed? What are the recommendations the committee made to the student? Whether the student is making adequate programs.

Things you may want to include are Milestones or goals for the upcoming year.

Supervising PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_