STUDENT ADVISORY COMMITTEE REPORT

DATE OF REPORT____________________

Student: _____________________________  PhD  □  MSTP □

Entered the program (eg. Fall 03): ____________

Thesis Advisor: _____________________________

Advisory Committee Members:  Summary of Current Status:

________________________________

Course Requirements: Completed ( ) Not Completed ( )

Qualifying Examinations: Passed ( ) To be Taken ( )

________________________________

________________________________

Advisory Committee last met on: _____________________

Academic and Research Evaluation:

Short term goals to be achieved by next meeting:

Potential Problems to be discussed at the next meeting:

Advisor’s Signature  Student’s Signature

NOTE: One copy each should be retained by the advisor, student, Department Office, and Graduate Office (Belfer 201).