

DISSERTATION/ADVISEMENT COMMITTEE MEETING REPORT

STUDENT NAME: _____

DATE: _____

Quarter and year student entered graduate school _____

Quarter and year student started in current lab _____

Date of advancement to candidacy _____

Expected quarter and year of dissertation defense F W Sp S _____

Date of previous committee meeting _____

Comments from dissertation advisor:

Comments from committee members:

Comments from the student:

Is there a potential conflict of interest that might impact the proposed studies?
(Conflict of interest may include but is not limited to a circumstance where dissertation advisor has financial interest in outcome of project, reagent or animal model being subject to regulations that affect disclosure, publication or replication of data etc.).

Yes _____ No _____

If "Yes" attach a memo describing the nature of conflict of interest

Date received in office _____

COMMITTEE MEMBER AND STUDENT SIGNATURES

Name:	Signature:	Satisfactory Progress?
_____	Dissertation Advisor	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____	Student	_____