

# Research Committee Meeting: Advisor Version

Form #: 2

**Instructions: To be completed by Advisor. Advisor signature required.**

**Student:** Retain copy for yourself; distribute copies to committee; submit original to Graduate Program Administrator.

PRINT CLEARLY

## TO BE COMPLETED BY STUDENT

STUDENT: \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

Program & Year entered: \_\_\_\_\_

**Return this form no later than 1 week  
after meeting is held.**

RESEARCH ADVISOR:

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RESEARCH COMMITTEE MEMBERS:

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DATE OF LAST COMMITTEE MEETING: \_\_\_\_\_

(The Committee is required to meet at least once a year.)

## TO BE COMPLETED BY ADVISOR

1. a. State the long term overall objective of the student's research efforts:

b. Has this changed since the last meeting? If so, how?

2. What has the student accomplished in research (in total or since the last meeting/advisory session)? How does this compare with the goals set (i.e. more, less, or change of direction makes quantitation difficulty)?

3. What are the goals for the coming semester (or year)?

4. List any specific recommendations regarding direction of research and/or formal coursework:

5. List recommendations for improvement in: (a) the student's performance and/or (b) faculty guidance.

6. Should a committee meeting session be scheduled sooner than a year from now?

YES \_\_\_\_\_ How soon? \_\_\_\_\_ (# months) No \_\_\_\_\_

7. Doctoral Candidates Only:

a) Qualifying Examinations:

Oral Proposal Defense, date passed or scheduled: \_\_\_\_\_

Oral Exam, date passed or scheduled: \_\_\_\_\_

b) Has student met conference presentation requirement?

Conference attended, type of presentation, and date: \_\_\_\_\_

c) Has student met manuscript submission requirement? \_\_\_\_\_

Submitted to: \_\_\_\_\_

8. Give an estimated date of when the student will defend dissertation/thesis: \_\_\_\_\_

9. COMMENTS:

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In fulfilling the role of advisor/member of the research committee, progress toward the completion of the dissertation/thesis and other degree requirements has been discussed with the student. The student has also been reminded that another meeting must be scheduled within \_\_\_\_\_ months of this date.

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Student's Signature Date

**RETURN SIGNED ORIGINAL TO:** Biology Graduate Program Administrator