Program in Neuroscience
Pre-Candidacy Advisory Meeting Record

Please print and complete this form, have it signed by the head of your Advisory Committee, and forward it to Jennifer Aumiller. All students must meet with their Advisory Committees in the Fall and Spring semesters (by November 1st and April 1st respectively) This form is needed to register for the upcoming semester.

Student Name: ___________________________ Meeting Date: __________________

Note: Comments should address student’s progress regarding goals and accomplishments and provide specific directives with benchmarks the student is expected to meet by the next meeting. Whenever possible, a timeline should be included. Please use the back of the form if more room is needed.

Comments: ________________________________________________________________
________________________________________________________________________
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Courses proposed for next semester: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Rotations Completed or Planned: Semester/Year  Faculty Name
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Mentor/Thesis Advisory Chosen: ________________________________________________

Signatures:

Student: ___________________________ Date: __________________

Chair, Advisory Committee: ___________________________ Date: __________________

Chair, Training Committee: ___________________________ Date: __________________