Program in Neuroscience
Post-Candidacy Thesis Committee Meeting Record

Please print and complete this form, have it signed by your mentor and forward it to Georgia Rogers. All students must meet with their Thesis 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.

Project Title: ________________________________________________________________

Mentor: ___________________________________________________________________

Comments: ________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________

Committee Members:
Chair/Mentor: ____________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Outside member ___________________________________________________________

Thesis Proposal Scheduled:  Yes/No  If yes, tentative date _________________________

Thesis Defense Scheduled:  Yes/No  If yes, tentative date _________________________

Signatures:

Student: ___________________________ Date: _____________________________

Mentor: ___________________________ Date: _____________________________

Graduate Program Director: __________________ Date: ____________________