Please print and complete this form, have it signed by the head of your Advisory Committee, and forward it to Georgia Rogers. 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: ________________