Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Meeting:

**Thesis Committee Record**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Title of Thesis Project

This form must bear the signatures of all present committee members. Please return the original form to Dr. Heather Ezelle, Academic Services Specialist, HH324C. Copies, if requested, can be distributed to each committee member. Include appropriate mailing addresses on the reverse side for any off-campus locations. Committee meetings are **MANDATORY** at least every 12 months unless more frequent meetings are deemed necessary by the committee (see below). MD/PhD students must hold committee meetings every 6 months to comply with MSTP guidelines.

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thesis Committee**

*Thesis Committee Member names* ***PRINTED******Signatures*** *of Thesis Committee Members Present* (please note reasons for any absences on signature line)

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*Advisor*

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Recommendations & Comments – Required

*(include attachment if necessary)*

**The next thesis committee should be in \_\_\_\_ 1 year \_\_\_\_ 9 months \_\_\_\_ 6 months**

*(MD/PhD students must hold committee meetings every 6 months to comply with MSTP guidelines)*