UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

GRADUATE PROGRAM IN LIFE SCIENCES

Program in Neuroscience
Advisory Committee Meeting Form

All students must meet with their Advisory Committees during the fall and spring semesters of their first year by November 1st and April 1st, respectively. Please complete this form, have it signed by the Advisory Committee Chair, and forward it to the Program Coordinator.

Student's name: _____ Meeting Date: _____

Comments should address the student's progress regarding goals and accomplishments and should provide specific directives with benchmarks that the student is expected to meet by the next meeting. Whenever possible, a timeline should be included.

Meeting Comments:

_____

_____

_____

_____

_____

Courses proposed for next semester:

_____

_____

_____

Rotations completed or planned:

Semester & Year	Faculty Name

Mentor/Dissertation Advisor Chosen: _____

Signatures:

Student: _____Date: _____

Chair, Advisory Committee: _____ Date: _____

Program Director: _____ Date: _____