



GRADUATE PROGRAM IN LIFE SCIENCES

# 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 Jenn McFarland. All students must meet with their Thesis Committees in the Fall and Spring semesters (by November 1<sup>st</sup> and April 1<sup>st</sup> 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_