



GRADUATE PROGRAM IN LIFE SCIENCES

Program in Neuroscience Pre-Candidacy Advisory Meeting Record

Please print and complete this form, have it signed by the head of your Advisory Committee, and forward it to Jenn McFarland. *All students must meet with their Advisory Committees in the Fall and Spring semesters (by November 1st and April 1st respectively)*

Student Name: _____ Meeting Date: _____

Note: *Comments should address student's progress regarding goals and accomplishments and should 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: _____

Courses proposed for next semester:

	<i>Semester/Year</i>	<i>Faculty Name</i>
Rotations Completed or Planned:	_____	_____
	_____	_____
	_____	_____

Mentor/Thesis Advisory Chosen: _____

Signatures:

Student: _____ Date: _____

Chair, Advisory Committee: _____ Date: _____

Chair, Training Committee: _____ Date: _____