Annual Thesis Committee Review Form

Student Name:  
Meeting Date:  

Thesis Proposal Title:

Committee Member:

Abstracts Submitted:

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<thead>
<tr>
<th>Title</th>
<th>Meeting</th>
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Papers Published/In Press: (PubMed standard citation):

1)
2)
3)
4)

Awards:

1)
2)
3)

Grants/Fellowships: (List award title and awarding agency)

1)
2)
3)
**Synopsis of committee review:**

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<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Satisfactory</th>
<th>Poor</th>
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<td>Summary presentation</td>
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<td>General knowledge in thesis area</td>
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<td>Future directions</td>
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**Detailed evaluation:**

(Please write your comments under each of the sections below)

1) Summary presentation:

2) Progress to date:

3) General knowledge in thesis area:

4) Other comments:

5) Meeting with student only (without advisor) at end of the meeting - Yes ___ No ___