



SUPERVISORY COMMITTEE MEETING FORM

UFID	Last Name	First Name	Email Address

Graduate Supervisory Committee Members:

Role	Name	Signature
Advisor		
Co-advisor		
Member		
Member		
Member		
Member		
External Member		
Additional Member		

Date Entered Program	Date Entered Concentration / Lab	Date of Qualifying Exam / Admission to Candidacy					
Dates of Previous Committee Meetings							
Date of Pre-Final Dissertation Meeting				Date of Current Committee Meeting			

Dissertation/Thesis Topic

Progress			
Adequate		Inadequate	

IMPORTANT: A written memo outlining the outcome of the Supervisory Committee meeting and specific recommendations must be provided to the student and its copy attached to this form. Highlight accomplishments, milestones, and future goals and expectations. If inadequate progress is indicated specific details must be provided.

Reviewed and Approved:

Role	Signature	Date
Department Chair or Mentor		
Director of Graduate Program		
Director of Genetics Institute		



Second page of the Supervisory Committee Meeting Form

A 1-page report that includes specific goals, suggestions, and/or concerns that were raised by committee members and the way these will be addressed. This can include a specific experiment or data analysis, a need to focus or broaden the scope, etc.