

CENTER FOR GRADUATE STUDIES

PHD RECORD OF MEETING

(This meeting is required at least once a year. Please submit a new for for each meeting)

Student's Name:		Catalog Year:	
Program:			
Dissertation in : _			
Previous Degree :_			
Meeting Informatio	n		
Meeting Date:			
Academic Advisor (name	e & signature):		
Research Advisor (name	& initial) :		
Committee Member (n	ame & initial):		
Committee Member (n	ame & initial):		
Committee Member (n	ame & initial):		
Committee Member (n	ame & initial):		
Committee Member (n	ame & initial) :		
Notes:			