



**BIOMEDICAL
SCIENCES**

OSU-CHS BIOMEDICAL SCIENCES FACULTY ADVISORY COMMITTEE

Meeting Attendance & Summary Form

Instructions:

All PhD and MS students are expected to meet with their Faculty Advisory Committee once a year. At the end of each Faculty Advisory Committee meeting, the following form must be completed by Primary Advisor/Chair in consultation with the student, and approved by Faculty Advisory Committee. This form can then be returned to the Department Academic Coordinator.

Student's name: _____ **CWID #** _____

Program: MS _____ PhD _____ DO/MS _____ DO/PhD _____

Date: _____ **Time:** _____ **Location:** _____

Year Started in Program: _____ **Date of last meeting:** _____

Number of previous Thesis/Dissertation Committee meetings: _____

Subject area of Thesis/Dissertation research: _____

Career goals: Academia _____ Industry _____ Medical School _____ Undecided _____

Proposal completed (or date)?: _____ **Comprehensive Exam completed (or date)?:** _____

Meeting summary, including plan for completion of remaining degree requirements

Student's Progress: Needs Improvement: _____ Satisfactory: _____

Sign below to indicate your approval of progress/plans made.

Graduate Student: _____

Graduate Advisor: _____

Committee member: _____

Committee member: _____

Committee member: _____