



**OSU-CHS BIOMEDICAL SCIENCE GRADUATE ADVISORY
COMMITTEE**

Meeting Attendance Form

Instructions:

All Ph.D. and M.S. students are expected to meet with their advisory committee once a year, at the beginning of the second semester of their first year in the program and upon ending with successful completion of their requirements for the degree.

The following form must be completed at the end of each advisory committee meeting, initialed by the student and the committee members, and submitted to the Director of the Biomedical Sciences program.

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

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

Program: M.S. _____ **Ph.D.** _____ **DO./MS** _____ **DO./Ph.D.** _____

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

Number of previous thesis committee meetings: -----

Subject area of thesis/dissertation research: _____

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

Graduate Student: _____ **Graduate Advisor:** _____

Committee member: _____ **Committee member:** _____

Committee member: _____ **Committee member:** _____

Date received by Director of the Graduate Program: _____