



**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:** \_\_\_\_\_