



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

Meeting Summary 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.

At the end of each advisory committee meeting, the following form must be completed by Primary Advisor in consultation with the student, approved by Advisory Committee and initialed by the student and the Primary Advisor. Within one week of the meeting, Advisor/ student must submit this completed form to Director of the Graduate Program 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: _____ **Summary of Committee Meeting (date):** _____

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

Subject area of thesis/dissertation research: _____

Date proposal completed/proposed: _____

Date comprehensive exam taken/proposed: _____

Meeting summary, including plan for completion of remaining degree requirements
(completed by Primary Advisor in consultation with the student, and approved by Advisory
Committee; *Continue on additional sheets, if necessary*):

Student's Progress: Needs Improvement _____ Satisfactory _____

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

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

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

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

Date received by Director of the Graduate Program: _____