DEPARTMENT OF MOLECULAR BIOLOGY AND MICROBIOLOGY
Molecular Biology and Microbiology Program
Molecular Virology Program, Cell Biology Program

COMMITTEE MEETING REPORT
for 3rd and subsequent committee meetings

This form may be used for additional pre-/post-qualifying committee meetings. Committee meetings should take place at least twice a year.

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Committee Meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Rate on a scale of 1 (outstanding) to 5 (poor):
NOTE: If the student receives scores of 4 or 5 in any areas please describe how these problems will be addressed in the report.

<table>
<thead>
<tr>
<th>Quality of Report</th>
<th>Progress on Thesis and Publications</th>
<th>Knowledge</th>
<th>Presentation</th>
</tr>
</thead>
</table>

Chair signature: ____________________________________________
Name (printed): ____________________________________________

Advisor signature: _________________________________________
Name (printed): ____________________________________________

Member signature: _________________________________________
Name (printed): ____________________________________________

Report

Attach a copy of the student’s annual pre-thesis report. Answer the following questions. Explain any items checked “NO”. Additional comments may be made on a separate page.

1. Is the research project reasonable and appropriate?  
   ☐ YES  ☐ NO (please explain):

   ____________________________________________
   ____________________________________________
   ____________________________________________
2. Summarize the main aims of the project:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Is the student’s progress in courses, intellectual development and research appropriate?

☐ YES  ☐ NO  (please explain):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. What are the areas of strength? Needing improvement?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Is the student making appropriate progress?

☐ YES  ☐ NO  (please explain):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. What are the plans and the timetable for publication and completion of the thesis?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Have copyright and thesis style issues been addressed?

☐ YES  ☐ NO  (please explain):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: __________________________________________ Date: ________________
Student

Signature: __________________________________________ Date: ________________
Advisor

Approved: __________________________________________ Date: ________________
Department Chair/Program Director