THE UNIVERSITY OF CONNECTICUT
COLLEGE OF LIBERAL ARTS AND SCIENCES
DEPARTMENT OF PHYSIOLOGY AND NEUROBIOLOGY
75 N. Eagleville Road Unit 3156
Storrs, Connecticut 06269-3156
Telephone: (860) 486-3290

ADVISORY COMMITTEE MEETING FORM

INSTRUCTIONS: All PNB Ph.D. and M.S. students are expected to meet with their thesis advisory committees twice a year starting in the beginning of the second semester of the first year in the program and ending with successful defense of the thesis. The following form must be completed in its entirety at the end of each advisory committee meeting and then submitted to the PNB office to be filed with the student's records. **PLEASE NOTE: The date of the NEXT planned committee meeting should be arranged at the current meeting and recorded ALONG WITH STUDENT'S PROGRESS in the appropriate place below.**

Student Name: _____ _____
Print Name Signature

Date of Meeting: _____
Month Day Year

Year Started in Program: _____

Summary of meeting [Completed by the Primary Advisor]:

_____

_____

_____

_____

STUDENT'S PROGRESS [please check]: Needs Improvement Satisfactory

Arranged Date for Next Meeting: _____
Month Day Year

Committee Members and Signatures [A Minimum of 3]

Major Advisor: _____ _____
Print Name Signature

Associate Advisor: _____ _____
Print Name Signature

Associate Advisor: _____ _____
Print Name Signature

Associate Advisor: _____ _____
Print Name Signature

Associate Advisor: _____ _____
Print Name Signature

Please return completed form to Kathy Kelleher, TLS 67. Thank you.

Do Not Write Below

DATE BY WHICH ALL REQUIREMENTS FOR THE DEGREE MUST BE COMPLETED:

_____