

DISSERTATION COMMITTEE EVALUATION

(revised June 2018)

This form is to be completed by the student's committee chair following each Dissertation Committee Meeting. One meeting per year is mandatory. This form is to be signed by the Committee, the Dissertation Mentor (if not the committee chair), the Program Director, and the Student. The completed and signed form should be given to the Office of Research and Graduate Education (ground floor Erma Byrd) either directly or via the program coordinator for placement in the student's file on SOLE.

Student's Name:	Date of meeting:
Graduate Program:	Year in Program:

1. Summary of student's history to date:			
Course Work:	<input type="radio"/> Satisfactory Progress	<input type="radio"/> Unsatisfactory Progress	<input type="radio"/> Completed
Qualifying Exam:	<input type="radio"/> Scheduled	<input type="radio"/> Completed	Date: _____
Proposal Defense:	<input type="radio"/> Scheduled	<input type="radio"/> Completed	Date: _____
Pre-doctoral Fellowship application:	<input type="radio"/> Submitted	Date:	_____
Student has completed experimental work and is ready to write and defend dissertation	<input type="radio"/> Yes	No	_____

2. Progress on aims of dissertation/Assessment of student's productivity: (check or circle)		
Satisfactory:	Needs Improvement:	Unsatisfactory:
Description:		

3. Knowledge of subject/research area: (check or circle)		
Satisfactory:	Needs improvement:	Unsatisfactory:
Description:		

4. Recommendations for future work:

Description:

5. Date for next committee meeting (month/year):

Progress on student's plans after graduation: (to be completed beginning in the 4th year)

Description:

We, the undersigned, have received and read this memorandum of this Dissertation Committee Meeting, had all pertinent questions to this memorandum satisfactorily answered, and agree to the course of action as described above.

Signatures of Graduate Student Advisory Committee:

Names of Committee Members (typed)

(Chair)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Student

Printed/typed Name

Date

Signature of Dissertation Mentor *(if not Committee Chair)*

Printed/typed Name

Date

Signature of Graduate Program Director

Printed/typed Name

Date

Office Use Only

Date received _____; Initials _____	Entered in database <input type="checkbox"/> ; Date _____	Uploaded to SOLE <input type="checkbox"/> ; Date _____
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