

ASE GRADUATE SUPERVISORY
COMMITTEE FORM

STUDENT _____ DATE _____

Graduate Supervisory Committee Members:

	<u>Name</u>	<u>Signature (if present)</u>
Advisor	_____	_____
Member(Co-Chair)	_____	_____
Member	_____	_____
Member	_____	_____
(External) Member	_____	_____
External Member	_____	_____

Cross out any inappropriate descriptions above.

This was a: face-to-face virtual committee meeting. If this was a virtual meeting, by signing this form, the committee members acknowledge that they have read the student's summary of their progress and agree with the advisor's assessment of the student's progress for this period.

Date Entered Program _____

Date Entered Concentration _____

Date of Qualifying Exam (Admission to Candidacy) _____

Dates of Semi-Yearly Committee Meetings _____

Date of Pre-final Dissertation Meeting _____

DISSERTATION TOPIC _____

PROGRESS: **ADEQUATE** **INADEQUATE**

On the next page, highlight accomplishments/milestones and future goals/expectations. If inadequate progress is indicated, specific details must be provided.

The assessment on the next page outlining the outcome of the Supervisory Committee meeting and specific recommendations must be provided to the student and a copy included with this form. Must include an NIH-style progress report and agreed upon goals and expectations.

Reviewed and Approved: Department Chair _____
Signature Date

Reviewed and Approved: Director of ASE Program _____
Signature Date

Reviewed and Approved: Graduate Education Dean _____
Signature Date

Please paste the summary assessment from the committee meeting in this box.