Report of Thesis Committee Meeting

This form is to be completed by Committee Chair and submitted to the Director of Graduate Studies for the Pathology Program (Susan Winandy, PhD; 670 Albany St. Rm 411; swinandy@bu.edu).

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| **Name of Student** |
|  |
| **Date of Meeting** |

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| --- | --- |
| **Name of Committee Members** | **Present or Absent** |
| Advisor: |  |
| Committee chair:  |  |
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**STUDENT’S RESEARCH PROGRESS:**

**1) Positive aspects of student's work:**

**2) Aspects of student’s work that need improvement**

**3) Specific GOALS for research or other areas set by committee for next meeting.**

**(You may wish to comment on met or unmet goals from previous meetings).**

**4) Recommended timeframe to next committee meeting:**