



Committee Meeting Report

Please fill out and return completed document to Graduate Advisor and Graduate Coordinator
(signatures will be collected via DocuSign by the Graduate Coordinator)

(For: SECOND YEAR, PRE-ADVANCEMENT, ADVANCEMENT, TUNE-UP, PRE-DEFENSE MEETINGS)

NAME: _____ DATE: _____

Quarter & Year student entered graduate school: _____ Direct Admit or Transfer Student: _____

Type of meeting: 2nd Year Meeting Pre-Advancement **Advancement Tune-Up Pre-Defense

Date of previous Meeting: _____ Type: 2nd Year Meeting Pre-Advancement Advancement Tune-up

Date of Advancement to candidacy: _____ (if not advanced yet write "not advanced")

Expected quarter and year of thesis defense: F W Sp Su _____

(if uncertain write "uncertain"; if this is a Pre-Defense meeting then a date must be specified)

SUMMARY OF SCIENTIFIC PROGRESS (1 paragraph completed by student, please type before meeting)

COMMITTEE MEMBER SIGNATURES

Satisfactory Progress?*
(For Pre-Advancement or Pre-Defense meetings.)

Name:

Signature:

_____	Chair	_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

***For a Pre-Advancement or Pre-Defense meeting:** "yes" implies that the candidate okay to advance or defend next quarter or the quarter after that.

****FOR ADVANCEMENT MEETING:** Please enter the faculty members that will serve on the doctoral/thesis committee.

The doctoral committee requires a minimum of **three** voting UC Academic Senate faculty members with the chair and a majority of the committee from the home department. The Dean of the Graduate Division, on behalf of the Graduate Council, retains sole authority to grant exceptions. Subsequent doctoral committee changes must be approved by the Dean of Graduate Division.

If **Advancing** do you wish to receive your Master's degree? _____

DOCTORAL/THESIS COMMITTEE MEMBERS

Name:

Academic Unit/Department

_____	Chair	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

Date received by Dept. _____
Dep. Initials _____

SUMMARY OF COMMITTEE COMMENTS AND SUGGESTIONS

Please note that this section is to be completed by the student, after discussion with the Advisor, and then signed by the Advisor. It should not be a laundry list of comments, but a prioritized list of experiments to establish a “road map” for the student for the next year.

Signature of Thesis Advisor

Date

IDP Completed