

**JEFFERSON COLLEGE OF GRADUATE STUDIES
RECORD OF Ph.D. STUDENT RESEARCH COMMITTEE MEETING
RESEARCH COMMITTEE CHAIR'S SUMMARY EVALUATION**

Student's Name _____ Student's Program _____

Student's Advisor Name _____

Committee Chair Name _____

Committee Meeting Date _____ Meeting Number 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __

Please use the space below for your summary comments and recommendations based upon committee member evaluations. Please address the degree of success in meeting past goals, summarize major accomplishments, and describe future goals. Attach additional pages if needed.

Was the Ph.D. Thesis Proposal reviewed and approved at this meeting? Yes _____ No _____
If yes, submit a copy of the thesis proposal to the Program Director and to the Office of the Dean, JCGS

Was permission to write the Ph.D. thesis granted at this meeting? Yes _____ No _____
If yes, please indicate the format to be used: Traditional _____ Manuscript _____

Signature of Committee Chair _____

Signature of Thesis Advisor _____

Signature of Student _____

Original form, along with your attached summary comments, should be maintained by the Research Committee Chair. Copies should be submitted to the Program Director and to the Office of the Dean, JCGS, M-63 Alumni Hall.