**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, JCLS

Student first author papers (indicate number below):

 Published\_\_\_\_\_ Accepted\_\_\_\_\_ Submitted\_\_\_\_\_ in preparation\_\_\_\_\_\_\_\_

Student other papers (indicate number below):

 Published\_\_\_\_\_ Accepted\_\_\_\_\_ Submitted\_\_\_\_\_ in preparation\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_