

**Advisory Committee Meeting Report**

**(Annual)**

*The student is responsible for submitting a completed and signed Advisory Committee meeting report at the end of each semester in which such a meeting occurred.*

**Student Name**:       **Major Advisor:**

**Graduate Program**:

**Annual Year:** 20

**Semester:** Spring  Summer  Fall

**Research Course:**  XXXX 9210  XXXX 9300

**NOTE:** Students are required to meet with their Advisory Committee **AT LEAST ONCE PER CALENDAR YEAR**.

**Please complete this form annually and submit with required attachments.**

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| **Date** of the Advisory Committee Meeting: |
| **Attendees:** List of those in attendance at the meeting    1.  2.  3.  4.  5.  6. |
| **Summary and Outcome of the Committee Meeting:** *please summarize the meeting, provide committee comments and feedback and indicate plans/goals agreed upon moving forward.* |
| **Plans for a potential or proposed timeline for completion** (if discussed): |
| **Attach anything shared with the committee** (e.g. attach a copy of your presentation, handouts, etc) |

**ORAL COMMUNICATION SKILLS:**

1. **Attach the completed Oral Communication Skill form:** Advisory committee members will provide written feedback on the student’s ability to present and discuss their research area and data, “think on their feet” and respond to questions about their research/research area. Please include strengths as well as opportunities for improvement/enhancement of skills.
2. **Student Response and Goals**: Students will provide a short reflection on their oral communication skills (addressing both strengths and opportunities for improvement) and set 1 – 2 personal goals for improvement. Students will also identify 3 different opportunities per year to present and discuss their research (e.g. departmental, lab, committee, professional meeting and/or conference presentations etc.)

**STUDENT RESPONSE:**

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| **AUTHORIZED SIGNATURES** | | |
| *Student*    *Major Advisor*    *Program Director*    *MD/PhD Program Director*    *Dean, The Graduate School* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Student Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Major Advisor Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Program Director Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MD/PhD Program Director Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Dean, The Graduate School Signature* | *Date*    *Date*    *Date*    *Date*    *Date* |