

Interdisciplinary Program in Biomedical Sciences  
Supervisory Committee Meeting Report Form

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

Graduate Supervisory Committee Members:

	<u>Name</u>	<u>Signature (if present)</u>
Advisor (Chair)	_____	_____
(Co-Chair)	_____	_____
Member	_____	_____
Member	_____	_____
External Member	_____	_____
Member	_____	_____

This was a:  face-to-face  virtual committee meeting. If this was a virtual meeting, by signing this form, the committee members acknowledge that they have read the student's summary of their progress and agree with the advisor's assessment of the student's progress for this period.

Date Entered Program \_\_\_\_\_

Date Entered Concentration \_\_\_\_\_

Date of Qualifying Exam (Admission to Candidacy) \_\_\_\_\_

Dates of Semi-Yearly Committee Meetings \_\_\_\_\_

Date of Pre-final Dissertation Meeting \_\_\_\_\_

DISSERTATION TOPIC \_\_\_\_\_

**PROGRESS:**       **ADEQUATE**                       **INADEQUATE**

**Following this page a detailed report of the committee meeting must be appended. The report must assess the student's progress beyond technical accomplishments, such as academic, literature, professionalism, leadership, and writing. This is to protect both the student and the faculty. Committee reports that do not comply will be returned to the advisor. A useful template for completing the overall assessment can be found at:**

<http://idp.med.ufl.edu/students/forms/supervisory-committee-assessment-form/>

**The committee report should be submitted and approved at all levels within TWO WEEKS of the committee meeting.**

Reviewed and Approved: Basic Science Chair of Mentor \_\_\_\_\_

Name	Signature	Date
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Reviewed and Approved: Advanced Concentration Director \_\_\_\_\_

Name	Signature	Date
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Reviewed and Approved: Graduate Education Dean \_\_\_\_\_

Name	Signature	Date
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