Interdisciplinary Program in Biomedical Sciences
Supervisory Committee Meeting Report Form

STUDENT _____ DATE _____

Graduate Supervisory Committee Members:

	Name	Signature (if present)
Advisor (Chair)		
Co-Chair		
Member		
Member		
Member		
External 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/. The committee report should be submitted and approved at all levels within TWO WEEKS of the committee meeting

Reviewed and Approved: Basic Science Department Chair of Mentor

Signature Date

Reviewed and Approved: Advanced Concentration Director

Signature Date

Reviewed and Approved: Graduate Education Dean

Signature Date