

**Advisory Committee Meeting Report**

**(Annual)**

**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**.

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

To be completed by the **STUDENT:**

|  |
| --- |
| **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:**

To be completed by the **STUDENT:**

1. 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 REFLECTION:**  **STUDENT GOALS FOR IMPROVEMENT:**  **STUDENT OPPORTUNITIES:** |

To be completed by the **MAJOR ADVISOR**:

1. 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.

|  |
| --- |
| **Committee Summary of Student’s Oral Communication Strengths:** |

|  |
| --- |
| **Committee Summary of Opportunities for Growth and Improvement:** |

|  |  |  |
| --- | --- | --- |
| **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* |