



First Ph.D. Guidance Committee Meeting Report Form
Department of Physics and Astronomy

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Research Advisor: \_\_\_\_\_

GRADES

Qualifier

MS / Ph.D.

Classical

[Empty box]

Stat Mech.

[Empty box]

E & M

[Empty box]

Quantum

[Empty box]

Committee Meeting Grade:

3.0 3.5 4.0

Research plan presented: [ ] Yes [ ] No, tentative date: \_\_\_\_\_

If yes: [ ] Satisfactory

[ ] Not satisfactory, rescheduled for \_\_\_\_\_

Reason: \_\_\_\_\_

Goals for next year:

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

Additional Courses needed (if any):

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

Progress and continuing support recommendation:

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

Approved by the Guidance Committee:

Name (PRINTED)

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

Signature:

\_\_\_\_\_  
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\_\_\_\_\_  
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Student Signature

\_\_\_\_\_

Department Representative Signature

\_\_\_\_\_

