

**2<sup>nd</sup> – N<sup>th</sup> Ph.D. Guidance Committee Meeting Report Form**  
Department of Physics and Astronomy

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

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

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

Progress:  Satisfactory (Attach one-page progress report)  
 Not satisfactory, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals for next year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Progress and continuing support recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Career Plan and Other Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by the Guidance Committee:

Name:	Signature:
_____	_____
_____	_____
_____	_____
_____	_____

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

Department Chair  
\_\_\_\_\_

cc: Student Advisor, Department Chair

