

Ph.D. Guidance Committee Meeting Report Form II  
Department of Physics & Astronomy

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

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

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

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One-page progress report is attached and was discussed:

- Yes
- No, Reason:

Recommendation for continuing support:

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Goals for the next year:

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Goals for Graduation:

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Career plan and other activities:

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Approved by the Guidance Committee:

Name:

Signature:

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Student (Signature):

\_\_\_\_\_

The student should give copies of the signed form to the advisor and the Physics Department secretary. NSCL students should also give a copy to the Asc. Dir. for Education