Wayne State University Pharmacology Ph.D. Program: Report on Doctoral Dissertation Committee Meeting

This form is to be completed by the student's Doctoral Committee immediately following the meeting. Upon completion, the document should be forwarded to the Department's Graduate Officer. A copy will also be provided to the student.

Student's name:	Adviser:
Date, Time, and Place of meeting:	
Members of dissertation committee presen	ıt:
If any committee members were absent, how with them beforehand or through provision	did the student gain their input (e.g. by meeting of written comments on material)?
2. On what date did the student provide the	committee members with progress material?
Specific comments on the quality of the writt	en progress material provided:
the field, organization and integration of ma	presentation and the discussion (e.g. knowledge of terial, data interpretation and analysis, commun-
ication skills.)	
Are there any specific areas in which signific need to occur?	ant improvements either have occurred or still

4. When should the next meeting be	scheduled (maximum time: 6 months)?
5. What are the specific goals for the	next research period? (Use back of page as needed.)
	ions for the student's progress (e.g. increased involvement eness, more faculty consultation, initiation of search for
[Use back of sheet(s) as necessary to	continue any item or for any other information.]
Adviser signature:	Date:
Committee Member Signatures:	
Student signature	