

**DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES
THESIS ADVISORY MEETING FORM
NOTE: ORIGINAL SIGNATURES REQUIRED**

Student's Name:

Research Advisor:

Date of Meeting:

Matriculation Date:

Dates of Previous Meetings:

Presentations & Publications:

REPORT OF PROGRESS:

1) Summary of committee discussion, including strengths, weaknesses, goals & progress (attach additional sheet if necessary):

2) It is recommended that the next meeting be held within: _____ months

3) Anticipated date of program completion:

NAMES AND SIGNATURES OF FACULTY MEMBERS PRESENT: (Number of signatures based on number of participants)

1) _____	_____
Name	Signature
2) _____	_____
Name	Signature
3) _____	_____
Name	Signature
4) _____	_____
Name	Signature
5) _____	_____
Advisor's Signature	Date
6) _____	_____
Student's Signature	Date

Please return this form to the academic coordinator's office located at E7039, after follow-up discussion between student and advisor.