**Department of Microbiology and Immunology**

**Meeting Report / M.S. Advisory Committee**

Name of Student:

On , the undersigned members of the Advisory Committee met to hear a report of research progress to date.

Title of Research Project:

Please attach a brief summary of the student’s progress and accomplishments, and the committee’s recommendations.

**Check one or both before signing:**

\_\_\_\_\_\_ The Committee agrees that satisfactory progress has been made.

\_\_\_\_\_\_ The Committee recommends meeting in months, and will report again at that time.

(By itself, this does not mean that progress has not been satisfactory. A variety of circumstances can contribute to the need for a follow-up meeting.)

 Signature of Advisor Print Name

 Signature Print Name

 Signature Print Name

 Signature Print Name

 Signature Print Name

**Student Signature:**

**Student Comments:**

**Please return to Brenda Knorr (Room 2-11110) and cc: MS Program Director**

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