

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
Brenda_Knorr@URMC.Rochester.edu michelle_dziejman@urmc.rochester.edu