

Record of Graduate Student Annual Committee Meeting

This form must be filed with the Graduate Program Assistant immediately after the annual committee meeting.

Student Name: _____ **Degree Objective:** _____

1. **Type of Meeting:** Traditional Department Seminar Lab Group One-on-One

2. **Date Completed:** _____

3. **Teaching Requirement:**

Fulfilled, List courses and semesters taught. Include all courses for which you were a TA

Not Yet Fulfilled

Signature of Major Professor: _____

4. **Committee Members Present**

Printed Name	Signature	Satisfactory, Unsatisfactory, or Commendable

5. **Six-month Remedial Action Plan:**

a. Major deficiencies in current progress:

b. Specific action to be undertaken by student to remedy above deficiencies:

c. Specific criteria for evaluation at 6-month meeting:

Electronic copy of Current CV Filed Yes No

Date CV Received by Grad Program Asst. _____