| Neuroscience Graduate Group Dissertation Committee Report Form | |
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| *Please provide a summary of the dissertation meeting and a list of expectations that the student should meet by next meeting. Please make sure to send this form to the Neuro Grad Group Master Advisor and Program Coordinator.* | |
| Name of Student: | |
| Committee Members Who Attended: | |
| Date of meeting: | |
| Tentative Date for next meeting: | |
| Research Information | |
| Summary of Meeting: | |
| Expectations for the next meeting: | |
| Signatures | |
|  | |
| Student Signature: | Date: |
| Committee Chair Signature: | Date: |