

MMI Graduate Student Advisory Committee Meeting Report

Student Name: _____

Student Signature: _____

Date of Advisory Committee Meeting: _____

Tentative Dissertation Title: _____

Qualifying Examination Anticipated Date: _____

Qualifying Examination Completed Date: _____

Committee Members Present:

Name	Signature	Date

(Major Advisor)

Name	Signature	Date

(Committee Chair)

Name	Signature	Date

Committee agreed on the following goals/research priorities: _____
