Annual Committee Meeting for BMB

Name:
E-Mail Address:
Month/Year of Entry into Program:
Major Professor:
Self Evaluation: MS or PhD Candidate (please circle one)
Written Exam Passed: YES / NO (please circle one) Oral Exam Passed: YES / NO
All required coursework complete: YES / NO (please circle one)
Publications since last meeting (only accepted (not submitted), full citation):

Oral or Poster presentations since last meeting (full citation, include meetings attended):

Fellowships, Grants, Awards, Honors since last meeting:

Committee Member PRINT	Committee Member SIGNATURE	Satisfactory Performance (initials)

Comments REQUIRED on back if progress was not judged as satisfactory

Target Date for Graduation:

Signature of Student: _____

Signature of Graduate Affairs Committee Member:

PLEASE RETURN THIS AND ALL OTHER RELEVANT FORMS TO ANGIE STOCKTON Office: B131 Life Sciences, Phone: 542-1730; <u>angie@bmb.uga.edu</u>