

# POST-COMPS PROGRESS FORM

Name of Graduate Student: \_\_\_\_\_

Graduate Study Initiation Date: \_\_\_\_\_ Date Passed Comprehensive Examination: \_\_\_\_\_

## ***PART A: RESEARCH AGREEMENT***

I, \_\_\_\_\_, hereby agree to serve as Research Advisor for \_\_\_\_\_.

I expect to support this student financially: **Yes or No**

If no, please explain \_\_\_\_\_

Area of Research: \_\_\_\_\_

Preliminary Title of Project: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Assoc. Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

### ***TERMINATION OF RESEARCH AGREEMENT:***

In the event that the above agreement is terminated, the advisor and student must complete this section.

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Termination:

Signature of Dept. Assoc. Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

## ***PART B: PROPOSED DISSERTATION COMMITTEE***

***(Department Chairperson's Approval Required)***

	Name	Theorist or Experimentalist	Subfield of Physics	Department & email (if other than Physics & Astronomy)
1				
2				
3				
4				
5				

***Approved by Dept. Assoc. Chairperson:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Approved by Dept. Chairperson:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

### FIRST MEETING OF DISSERTATION COMMITTEE

Meeting Date: \_\_\_\_\_ Expected date of dissertation defense: \_\_\_\_\_

Changes in Committee? **YES** or **NO** If yes, elaborate: \_\_\_\_\_

Members Present: \_\_\_\_\_

Committee EVAL Forms & Summary Completed? **YES** or **NO**

Comments: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

### SECOND MEETING OF DISSERTATION COMMITTEE—DUE DATE: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Expected date of dissertation defense: \_\_\_\_\_

Changes in Committee? **YES** or **NO** If yes, elaborate: \_\_\_\_\_

Members Present: \_\_\_\_\_

Committee EVAL Forms & Summary Completed? **YES** or **NO**

Comments: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

### THIRD MEETING OF DISSERTATION COMMITTEE—DUE DATE: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Expected date of dissertation defense: \_\_\_\_\_

Changes in Committee? **YES** or **NO** If yes, elaborate: \_\_\_\_\_

Members Present: \_\_\_\_\_

Committee EVAL Forms & Summary Completed? **YES** or **NO**

Comments: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**FOURTH MEETING OF DISSERTATION COMMITTEE—DUE DATE:** \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Expected date of dissertation defense: \_\_\_\_\_

Changes in Committee? **YES** or **NO** If yes, elaborate: \_\_\_\_\_

Members Present: \_\_\_\_\_

Committee EVAL Forms & Summary Completed? **YES** or **NO**

Comments: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**FIFTH MEETING OF DISSERTATION COMMITTEE—DUE DATE:** \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Expected date of dissertation defense: \_\_\_\_\_

Changes in Committee? **YES** or **NO** If yes, elaborate: \_\_\_\_\_

Members Present: \_\_\_\_\_

Committee EVAL Forms & Summary Completed? **YES** or **NO**

Comments: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL MEETING OF DISSERTATION COMMITTEE (DEFENSE)**

Meeting Date: \_\_\_\_\_ Expected date of dissertation defense: \_\_\_\_\_

Changes in Committee? **YES** or **NO** If yes, elaborate: \_\_\_\_\_

Members Present: \_\_\_\_\_

Committee EVAL Forms & Summary Completed? **YES** or **NO**

Comments: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

