

POST-COMPS PROGRESS FORM

Name of Graduate Student: _____

Graduate Study Initiation Date: _____ Date Passed Comprehensive Examination: _____

Note: Check the box below any section if part of this form is already on file in 100 Allen Hall, such as if it was filled out in person.

PART A: RESEARCH AGREEMENT

I, _____, hereby agree to serve as Research Advisor for _____.

I expect to support this student financially: Yes 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 Associate Chair OR _____ Date: _____

Signature of Dept. Chairperson _____ Date: _____

Check if this section was already completed & on file.

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: _____

(attach any backup correspondence, if applicable)

Signature of Associate Chair OR _____ 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 Associate Chair OR _____ Date: _____

Approved by Dept. Chairperson: _____ Date: _____

Check if this section was already completed & on file.