

## Report of Annual Advisory Committee Meeting Plant Science Program

Student: \_\_\_\_\_ Date of meeting: \_\_\_\_\_ Major Professor \_\_\_\_\_

Degree objective: MS \_\_\_\_ Ph.D. \_\_\_\_ Year in program \_\_\_\_\_

**Committee Report** (use additional sheets as necessary):

Summary comments: The student has made satisfactory progress. \_\_\_\_ Yes \_\_\_\_ No  
(Ph.D. only): The student is ready to sit for the qualifying exam Yes No

	Typed/printed name	Signature	Date
Major professor/Chair	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____

Student acknowledges and agrees to this committee: \_\_\_\_\_  
Signature Date

Director of PLSC Graduate Program: \_\_\_\_\_  
Signature Date

*Please email a copy of this signed form to [pslagradadvising@umd.edu](mailto:pslagradadvising@umd.edu)*