

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

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

Student acknowledges and agrees to this committee: _____
Signature Date

Approved by the Graduate Director: _____
Signature Date

Please email a copy of this signed form to pslagradadvising@umd.edu