



**Department of Graduate Pharmaceutical Sciences**

**DISSERTATION/THESIS COMMITTEE EVALUATION FORM**

*The Graduate Affairs Committee requests that dissertation and thesis committees meet semi-annually to ensure that the student is making satisfactory progress toward his/her degree, and that any experimental or personal difficulties are resolved in a timely fashion.*

---

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

What progress has the student made since the last committee meeting?

Was the progress satisfactory?      YES      NO      (select one)

What should the student accomplish before the next meeting six months from now?

Final comments:

Committee Signatures:      Chair: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Return original to Dr. Gallucci for student file.***