

For IDM Records

**Department of Infectious Diseases and Microbiology
Committee Meeting Form**

Name of Student:

PeopleSoft ID:

Meeting Held:

Faculty Advisor:

**PhD
MS
MPH**

Committee Members Present

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Summarize the student's progress, committee's comments, and future research plans/directions decided at the meeting (continue on additional sheets if necessary)

Student Signature

Advisor Signature*

*Advisor should only sign after form has been circulated to and approved by all committee members.
Please promptly return the **completed** form to IDM Student Services Coordinator, A419F.