**Advisory Committee Meeting / Approval Form**

**MS-Biostatistics Student:**

**E-mail address:**

You must, at minimum, plan for **three** advisory **meetings prior to the thesis due date (April 25, 2022)**.

**It is the student’s responsibility to schedule these meetings at times that work with his/her advisors.**

Complete this form as documentation of these meetings.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Meeting Time** | **Location** | **Meeting Purpose** | **Primary Advisor: Indicate student’s progress\* to date**  | **Advisor Comments** | **Student Comments** | **Initials:****Student / Advisor(s)^** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\***0 = Not meeting expectations; 1 = Meeting expectations; 2 = Exceeding expectations**

**^Primary advisor, at minimum, must initial each entry as documentation of progress**

Use this space to provide any additional comments on the thesis experience this academic year.

**Student comments:**

**Advisor comments:**

The signatures below serve as documentation of **final approval of the student’s thesis document**, and thus, this form must be submitted along with the final thesis document.

1. **Student signature, Date**
2. **Primary Thesis Advisor**
	1. **Name:**
	2. **E-mail address:**
	3. **Signature, Date:**
3. **Secondary Thesis Advisor**
	1. **Name:**
	2. **E-mail address:**
	3. **Signature, Date:**