

Department of Chemistry and Biochemistry
Approval of Ph.D. Research Program
(First Committee Meeting)*

Name of Student: _____

Date on which Ph.D. graduate studies were begun: _____

Attach a brief outline of proposed Ph.D. Research Program.

Approval of Ph.D. Advisory Committee: _____

Date

Type Name

Signature

Type Name

Signature

Type Name

Signature

Type Name

Signature

Committee requests another meeting to be held no later than the end of the student's third year for the purpose of approving the research plan.

Type Name

Committee Chair Signature

Date

*This form is to be submitted by the student to Mrs. Susan Cheadle, Chair's Office, no later than the end of the student's second year in the program.