UNIFIED FOURTH (AND SUBSEQUENT) YEAR MENTORING COMMITTEE MEETING FORM

Please complete this form in consultation with your thesis advisor. Attach pages if necessary. When finished, both the student and advisor sign next to their printed name. The student gives a copy of the completed report to Mentoring Committee members, the Chemistry Graduate Office – (Arrietta Clauss - Room 2108) and Graduate Program staff prior to the meeting.

Student Name: ___________________________ Signature: ___________________________

Thesis Advisor: ___________________________ Signature: ___________________________

Date: ___________________________

1. Tentative title of Ph.D. thesis:

2. Anticipated thesis defense date:
3. Significant work completed to date:

4. Work that remains to be completed:

5. Outline of thesis:

6. List the papers you expect to publish as a result of your thesis work:

7. Timeline for completion of Ph.D.:

8. Challenges anticipated (if any):

9. Post-graduation plans (job, postdoc, etc.)

10. Other comments: