First Year Progress Report Completion Form for Chemistry M.S. Students

Section A

Exam Information
Name of the student: __________________________________________

Semester and year entered into chemistry graduate program: __________________

Date of oral progress report presentation: ____________________________

Title of the project: ____________________________________________

If student passed without condition skip section B and complete section C. In case of a conditional pass, complete sections B and C.

Section B

Conditional Pass:
What additional actions did the committee require?
__________________________________________________________

Completion Date: __________________________
After all conditions are met to the satisfaction of the committee, the committee completes section C.

Section C

Thesis Committee Approval:
(To be signed when student presented successfully and met all conditions, if applicable)

1. Name of research advisor __________________________ Signature __________________________ Date __________

2. Name of committee member __________________________ Signature __________________________ Date __________

3. Name of committee member __________________________ Signature __________________________ Date __________

4. Name of outside committee member __________________________ Signature __________________________ Date __________