



**Summary of Thesis Committee Meeting:
Due to Committee members within one week of meeting**

Meeting
Date: _____

(Student's Name)

(Student's I.D. Number)

(Thesis Advisor)

Student's Program: _____

This is to confirm that the following thesis meeting occurred for the above student.

Date: _____

Time: _____

Place: _____

Members of the Committee-note absent or present

Please Type Name:

*Chair and
Mentor*

, Ex Officio

Attached is page 2, which must also be completed

Fisk Graduate Student Handbook for Fall 2016 Entrants

Summary by student of the faculty recommendations, and recommended next steps shared with the student in person and in writing as a follow-up email:

**Director of Graduate Studies
Program**

Signature

Date

DGS, please send a copy of this form, once completed, to ccoca@fisk.edu.