

Thesis Committee Feedback

Date: _____

Part 1: To be completed by the Student

Student: _____

Adviser: _____

Committee Members

Part 2: To be completed by the Committee.

Please indicate for the following categories if the student's progress is:

- 5 - Exemplary
- 4 - Good
- 3 - Satisfactory
- 2 - Needs Improvement
- 1 - Unsatisfactory

	Progress	Comments/Justification
Verbal Communication		
Project Rationale & Significance		
Accuracy/Attention to Detail		
Ability to Organize Scientific Data		
Familiarity with Research Literature		
Progress Toward Thesis		

Specific goals for improvement:

Next meeting: _____

The following individuals have read and understand the comments on this form. A Summary of Committee Meeting form will be prepared by the Student and distributed to the Committee within 1 week.

Adviser Signature: _____ Student Signature: _____

Return this completed form to the Bridge Program Executive Director