LOYOLA UNIVERSITY CHICAGO
DEPARTMENT OF CHEMISTRY

GRADUATE STUDENT PROGRESS COMMITTEE REPORT

Student Name: __________________________________________
Committee Member: _______________________________________

Date of Last Report: ________________ Date of this Report: ________________
Date of Last Meeting: ________________ Date of this Meeting: ________________

Specific Questions: In your opinion, YES NO

1. Was the written report acceptable? _______ _______
2. Was the oral presentation acceptable? _______ _______
3. Is the student’s progress acceptable? _______ _______
4. Is a second meeting necessary? _______ _______
5. Additional notes/comments: _______ _______

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Signature _______________________________ Date _______________________________

Progress Committee Members: Please return the signed report to the student within two days of receiving the report, or immediately after the meeting.

Student: Please make two sets of copies of all signed reports. One copy goes to your Research Director, the other for your records. Original set of forms goes to Graduate Program Coordinator, in Chemistry Office.