

**UNIVERSITY OF LOUISVILLE**  
**Department of Microbiology & Immunology**  
**COMMITTEE MEETING**

Departmental record of Committee meetings with the student indicated below. A minimum of one meeting per year is required. A report should be submitted following each meeting.

EVALUATION FROM ADVISORY COMMITTEE FOR:

STUDENT'S NAME: \_\_\_\_\_

DATE OF COMMITTEE MEETING: \_\_\_\_\_

COMMITTEE MEMBERS:	DEPARTMENT	SIGNATURES
1. _____ Principal Advisor	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Below, please provide an evaluation of the student's progress, any problems encountered over the past year, and indicate whether or not student is on schedule to graduate.

REPORT: