

COLLEGE OF VETERINARY MEDICINE

CBS Graduate Committee Report

PLEASE COMPLETE ELECTRONICALLY; DO NOT PRINT OUT

Student _____

Concentration Area _____

Date of Meeting _____

| | |
|-----------------------------------|----|
| Committee Members Present: | |
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |
| | 7. |

| |
|----------------------------------|
| Committee Members Absent: |
|----------------------------------|

| | |
|---|--|
| Please rate performance on a 5-point scale 1= unsatisfactory 2 = marginal 3= average 4 = above average 5= outstanding | Research Progress Project Effort Communication/Presentation |
| Does the Thesis Advisor concur with this report? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|
| Individual Development Plan (IDP): Students are encouraged complete IDPs to assist with career planning and discuss their career plans with their Thesis Advisor or other faculty member each year. Please indicate whether has occurred by completing the information below. Student confirms an IDP has been discussed with _____ on _____ <p style="text-align: center;">Name Date</p> |
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| |
|--|
| Summary of Committee Recommendations: <i>(Please comment specifically on progress since last committing meeting. Is a change in emphasis required? If so, describe. What are the specific points to be clarified in the data collected thus far? What remaining data must be collected? Note any change in committee membership. Attach additional sheets, if necessary.)</i> |
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Date of next: Thesis Update Meeting _____ (Date Format: MM/DD/Y)

Defense Date _____ (Date Format: MM/DD/YYYY) If a Defense date is being set, a signed Permission to Proceed to the Final Oral examination form must be submitted to the CBS Program Coordinator.

Is student funded by a source that is restricted by a confidentiality agreement? Yes No

If yes, please see the "Conflict of Interest Policy" section below. If not previously completed, or if there has been a change to the agreement, please update.

Committee Chair Signature _____ (*typed name constitutes signature*) **Date** _____ (*Date Format: MM/DD/YYYY*)

This form must be completed and emailed to "cvmgradprogram@ncsu.edu" following the thesis meeting. Student is expected to provide a copy of prior CBS Graduate Committee Report and research update document to the graduate committee one week prior to the meeting.