**CBS Graduate Committee Report**

*PLEASE COMPLETE ELECTRONICALLY; DO NOT PRINT OUT*

Student  Concentration Area

Date of Meeting

|  |  |  |
| --- | --- | --- |
| **Committee Members Present:** |  | **Committee Members Absent:** |
| 1.       (Chair)2.       3.        | 4.      5.       6.      7.       |                 |
| **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?**  ☐Yes  ☐No |
|  |
| 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** **\_\_\_\_\_\_\_\_\_\_\_\_** **Name Date** |

|  |
| --- |
| **Summary of Committee Recommendations:**  *(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.)*  |

Date of next:

☐Thesis Update Meeting      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Defense Date      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**      \_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate Student Signature\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 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.