

<p style="text-align: center;"><i>Genetics Ph.D. Program</i> <i>Stanford University School of Medicine</i></p>
--

DISSERTATION ADVISORY COMMITTEE MEETING FORM
Department of Genetics Ph.D. Program

Student Name: _____

Date of Meeting: _____

Department Requirements:

1-4 yr students must have an annual committee meeting

5+ yr students must have bi-annual committee meeting

Advisors: The department requests that you allow time for your student to meet with the other committee members privately at the end of each meeting

Dissertation Advisory Committee Members: *The committee should be composed of your advisor and at least two other Genetics faculty members. You can have additional faculty if you like.*

Name

Signature
