**ADVISOR MEETINGS RECORD**

STUDENT’S NAME STUDENT ID NO.

PROGRAM

DISSERTATION TITLE

ADVISOR

**SEMESTER......./.............**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEETING DATE** | **SUMMARY OF MEETING DISCUSSION POINTS** | **ADVISOR’S COMMENTS** | **AREA FOR IMPROVEMENT** | **ADVISOR’S APPROVEAL** |
|  |  |  |  |  |
| **NEXT APPOINTMENT** | **PROGRESS SINCE LAST MEETING** | **ADVISOR’S APPROVEAL** |
|  |  |  |

**Remarks:** The student will complete all fields on this record form. Once the aforementioned records have been mutually agreed upon, the M.A. or Ph.D. advisor will sign their autograph.