

MICHIGAN STATE UNIVERSITY

CELL AND MOLECULAR BIOLOGY PROGRAM
2240A BIOMEDICAL PHYSICAL SCIENCES
EAST LANSING, MI 48824-4320

E-MAIL: CMB@MSU.EDU
TEL: (517) 353-8916
FAX: (517) 432-8813

CMB PROGRAM YEARLY GUIDANCE COMMITTEE REPORT

Doctoral Candidate: _____ Date of Meeting: _____

Course Work Has the student completed class requirements? If not, what classes remain to be taken and/or remediated?):

Research Is the student making satisfactory progress on his/her research? If not, list specific suggestions for improvement.):

Other (Please note any other concerns or suggestions of the committee.):

Mentor: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

CMB Rep: _____ Date: _____

Student: _____ Date: _____