



WAYNE STATE
School of Medicine

**Anatomy and Cell Biology
Master's Program**

Department of Ophthalmology,
Visual and Anatomical Sciences

**Quarterly Advisory Committee Meeting
Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after each quarterly committee meeting. The Comments section should be filled out by the Advisor (Committee Chair).

Student's Name: _____ Banner ID (9-Digit #): _____

Email: _____ Phone: _____

Comments on student progress since last meeting

Comments on student goals for next meeting

Committee

(Print/Type Names)

(Access IDs)

Signatures

(Sign Names)

(Date)

Advisor

Advisor

Outside Member

Outside Member

Graduate Director

Date