Department of Chemistry and Biochemistry  
Approval of Ph.D. Research Program  
(First Committee Meeting)

Name of Student: _________________________________________________

Date on which Ph.D. graduate studies were begun: _________________

Attach a brief outline of proposed Ph.D. Research Program.

Approval of Ph.D. Advisory Committee: ____________________________  
Date

________________________________________
Type Name    Signature

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Type Name    Signature

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Type Name    Signature

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Type Name    Signature

Committee requests another meeting to be held no later than the end of the  
student’s third year for the purpose of approving the research plan.

________________________________________
Type Name    Committee Chair Signature

Date

This form is to be submitted by the student to Mrs. Susan Cheadle, Chair’s Office, no later  
than the end of the student’s second year in the program.