



# FIRST FALL ADVISORY COMMITTEE MEETING

Before the start of your first fall semester, complete this form with your advisory committee and return it to the Biophysics Coordinator.

Student name: \_\_\_\_\_

UID: \_\_\_\_\_

Committee members: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Date: \_\_\_\_\_

## FALL COURSES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## SPRING COURSES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## FALL TA / RA INFORMATION

\_\_\_\_ TA Course(s): \_\_\_\_\_  
\_\_\_\_ RA Professor: \_\_\_\_\_

## ROTATIONS

Professor / Research Group	Status
1. _____	_____
2. _____	_____
3. _____	_____

## RESEARCH INTEREST

## STUDENT COMMENTS

## COMMITTEE COMMENTS