



SPRING ADVISORY COMMITTEE MEETING

Complete this form with your advisory committee and return it to the Biophysics Coordinator
in late February – early March of your first year.

Student name: _____

UID: _____

Committee members: 1. _____
2. _____

Date: _____

FALL COURSES (& GRADES)

1. _____
2. _____
3. _____
4. _____

SPRING COURSES (& EXPECTED GRADES)

1. _____
2. _____
3. _____
4. _____

SPRING TA / RA INFORMATION

____ TA Course(s): _____
____ RA Professor: _____

SUMMER TA / RA INFORMATION

____ TA Department: _____
____ RA Professor: _____

RESEARCH INTEREST

STUDENT COMMENTS

COMMITTEE COMMENTS