

# FIRST FALL ADVISORY COMMITTEE MEETING

Please complete this form with your advisory committee and return it (signed) to the Coordinator.

**Student Name:**

**UID:**

**Date of Committee Meeting:**

**FALL COURSES (+ expected grade)**

**SPRING COURSES**

## FALL TA / RA Information:

\_\_\_ TA      Course(s):

\_\_\_ RA      Professor:

## TA / RA Preference for Spring:

<b>Rotations</b>	researcher name	researcher email		
1.			Confirmed	Tentative
2.			Confirmed	Tentative
3.			Confirmed	Tentative

## Research Interest

## Student Comments

## Committee Comments

## Advisory Committee Members: