

***Genetics Ph.D. Program***  
***Stanford University School of Medicine***

**DISSERTATION ADVISORY COMMITTEE MEETING FORM**  
**Department of Genetics Ph.D. Program**

**Student Name:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

**Department Requirements:**

1-4 yr students must have an annual committee meeting

5+ yr students must have bi-annual committee meeting

**Advisors:** The department requests that you allow time for your student to meet with the other committee members privately at the end of each meeting

**Dissertation Advisory Committee Members:** *The committee should be composed of your advisor and at least two other Genetics faculty members. You can have additional faculty if you like.*

Name

Signature

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