Supervisory Committee Meeting
Department of Electrical & Software Engineering

FEEDBACK FORM

The purpose of this form is to provide a written feedback to the PhD Student based on the Supervisory Committee’s assessment of the student’s progress and performance during the reporting period.

Student’s Name: ______________________________ UCID Number: ______________
Date of initial registration in PhD Program: ______________________
Date of Supervisory Committee (SC) Meeting: __________________

Supervisor: Please return the completed feedback form to the student, who signs and submits the form to the ESE Graduate Office (Room ICT 402), no later than Close of Business on the date of the meeting.

1. Specific feedback to the PhD Student:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Specific goals for the next reporting period:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

SC Member Name: ________________ Signature: _____________________
SC Member Name: ________________ Signature: _____________________
Co-Supervisor Name: ______________ Signature: ___________________
Supervisor Name: _________________ Signature: ___________________

Student received SC Feedback:  
Signature: ______________________________ Date: _________________________