

**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:

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2. Specific goals for the next reporting period:

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SC Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

SC Member Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Co-Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student received SC Feedback:

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