Supervisory Committee (SC) 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: ____________________

Date of Preliminary Supervisory Committee (PSC) Meeting *(Held within the first 10 months of PhD studies to discuss proposed research areas for Candidacy Examination)*: ____________________

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 2 business days from 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: ___________________________