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:
_____
_____
_____
_____
_____

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: _____