

**Department of Chemistry and Biochemistry**  
**Approval of Ph.D. Research Program**  
**(First Committee Meeting)**

Name of Student: \_\_\_\_\_

Date on which Ph.D. graduate studies were begun: \_\_\_\_\_

Attach a brief outline of proposed Ph.D. Research Program.

Approval of Ph.D. Advisory Committee: \_\_\_\_\_

Date

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type Name

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Signature

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Type Name

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Signature

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Type Name

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Signature

Committee requests another meeting to be held no later than the end of the student's third year for the purpose of approving the research plan.

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Committee Chair Signature

\_\_\_\_\_  
Date

This form is to be submitted by the student to Mrs. Susan Cheadle, Chair's Office, no later than the end of the student's second year in the program.