

Morningside Graduate School of Biomedical Sciences

THIS FORM IS FOR PREVIEW PURPOSES ONLY AND WILL NOT BE ACCEPTED FOR SUBMISSION.

PLEASE INITIATE FORM IN DOCUSIGN.

FORM PHS10: PHS THESIS RESEARCH ADVISORY COMMITTEE (TRAC) MEETING REPORT

Instructions							
Complete this form after each TRAC meeting.							
TRAC Meeting Summary							
Student:							
Year of matriculation at UMass Chan:							
Date of TRAC Meeting:							
Next scheduled TRAC meeting:							
Outcome of meeting: Progress Satisfactory (Grade of <i>Pass</i> to be assigned) Progress Unsatisfactory (Select one grade to be assigned: Marginal Pass Fail) Recommendations for next period of study (Attachment or text):							
Signatures							
Signatures							
Role	Name	Remote	On-site	Signature	Date		
	Name	Remote	On-site	Signature	Date		
Role	Name	Remote	On-site	Signature	Date		
Role Student	Name	Remote	On-site	Signature	Date		
Role Student Thesis Advisor	Name	Remote	On-site	Signature	Date		
Role Student Thesis Advisor Co-Thesis Advisor	Name	Remote	On-site	Signature	Date		
Role Student Thesis Advisor Co-Thesis Advisor TRAC Chair	Name	Remote	On-site	Signature	Date		
Role Student Thesis Advisor Co-Thesis Advisor TRAC Chair Graduate Program Director	Name	Remote	On-site	Signature	Date		
Role Student Thesis Advisor Co-Thesis Advisor TRAC Chair Graduate Program Director TRAC Member 1	Name			Signature	Date		
Role Student Thesis Advisor Co-Thesis Advisor TRAC Chair Graduate Program Director TRAC Member 1 TRAC Member 2	Name			Signature	Date		
Role Student Thesis Advisor Co-Thesis Advisor TRAC Chair Graduate Program Director TRAC Member 1 TRAC Member 2 TRAC Member 3	Name			Signature	Date		

Distribution: All signers

GSBS Office Use			
PSCS ID:	Checklist Updated	Office Staff:	Date: