

# POST-COMPS PROGRESS FORM

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

Graduate Study Initiation Date: \_\_\_\_\_ Date Passed Comprehensive Examination: \_\_\_\_\_

*Note: Check the box below any section if part of this form is already on file in 100 Allen Hall, such as if it was filled out in person.*

## ***PART A: RESEARCH AGREEMENT***

I, \_\_\_\_\_, hereby agree to serve as Research Advisor for \_\_\_\_\_.

I expect to support this student financially:    Yes    No

If no, please explain: \_\_\_\_\_

Area of Research: \_\_\_\_\_

Preliminary Title of Project: \_\_\_\_\_

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Associate Chair OR \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

*Check if this section was already completed & on file.*

## ***TERMINATION OF RESEARCH AGREEMENT:***

In the event that the above agreement is terminated, the advisor and student must complete this section.

Signature of Research Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Advisor (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

***Reason for Termination:*** \_\_\_\_\_

*(attach any backup correspondence, if applicable)*

Signature of Associate Chair OR \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dept. Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

## ***PART B: PROPOSED DISSERTATION COMMITTEE***

***(Department Chairperson's Approval Required)***

	Name	Theorist or Experimentalist	Subfield of Physics	Department (& email if other than Physics & Astronomy)
1				
2				
3				
4				
5				

Approved by Associate Chair OR \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Dept. Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

*Check if this section was already completed & on file.*