



School of Medicine



Cancer Biology Graduate Program
421 E. Canfield Street, Suite 3217.1, Detroit, MI 48201

Bi-Annual Student Evaluation (Committee Report)

Student Name: _____

Date of Dissertation Committee Meeting: _____

Date of the proposed next committee meeting: _____
(must be determined before the end of the current meeting)

In the space below, provide a brief summary of the student's accomplishments over the past six months. (Attach separate page if necessary):

Please provide the committee's recommendations for the student's upcoming research:

Dissertation Committee Members
(Type, or print legibly):

Signatures:

Student Signature:

Provide original to the CB office, and keep a copy for your records.