Carnegie Mellon
DEPARTMENT OF BIOLOGICAL SCIENCES

PH.D. IN BIOLOGICAL SCIENCES
RESEARCH ADVISORY COMMITTEE EVALUATION FORM

Student and faculty should complete the form and return it to the Graduate Programs Office, Mellon Institute 418.

Name: _____ **Date:** _____

Laboratory: _____

Title of Thesis: _____

Anticipated date of thesis defense: _____

Evaluation of progress:

Recommendations:

Check here if the required RAC Report Form was used by the student to prepare their written report: ☐

Research Advisory Committee Members present:

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Student Signature: _____