



**GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES**  
at the School of Osteopathic Medicine

**WORK IN PROGRESS REPORT FORM**  
**Semi-Annual Thesis Advisory Committee Meeting**  
**(Doctoral Students Only)**

Student's Name: \_\_\_\_\_

Date of Thesis Advisory Committee Meeting \_\_\_\_\_

**Progress of Thesis:**     **Satisfactory**                       **Unsatisfactory**

**Comments and Recommendations** (Please write a paragraph in space below)

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**Committee:**

Name (please print)	Signature	Concur	Dissent
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Anticipated thesis defense date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean Signature

\_\_\_\_\_  
Date

The student's grade for "Work in Progress" will be entered as "S" on the transcript upon receipt of this report from the Thesis Advisory Committee, provided this form is marked Satisfactory, and a hard copy of the Progress Report itself from the student.