

**University Program in Genetics & Genomics (UPGG)
Pre-Prelim Meeting Record**

Student-Name: _____

Meeting-Date: _____

Signatures of Participating Faculty

Chair: _____

Advisor: _____

Member: _____

Member: _____

Member: _____

Committee Comments:

Indicate a Target Prelim Date:

Please return completed form to Amanda Shipp in MSRB3 Room 1262

***** Students must include a one page summary of the meeting*****