

Thesis Progress Report

Graduate Student: _____

Name

_____ E-mail

Committee Chairperson: _____

Name

_____ E-mail

Advisor: _____

Name

_____ E-mail

Co-advisor (if any): _____

Name

_____ E-mail

**Name(s) of Additional
Committee Member(s):** _____

Name

_____ Name

_____ Name

**Date of Current
Thesis Committee Meeting:** _____

MM/DD/YYYY

**Date of Previous
Thesis Committee Meeting:** _____

MM/DD/YYYY

**Anticipated Date of Next
Thesis Committee Meeting:** _____

MM/DD/YYYY

*Thesis Committee Meetings are required annually
per BE policy.*

The Student sections should be completed prior to the Thesis Committee Meeting.

Student *Research update — In this meeting, I seek feedback on the following aspects of my project(s):*

Chairperson *Comments:*

Please see back of form for additional topics and the signature line for the Thesis Committee Chairperson.

Student *Career goals:*

Chairperson *Comments:*

Student *Current timeline for graduation:*

Chairperson *Comments:*

Student *Other topics to discuss:*

Chairperson *Comments:*

Signature of Committee Chairperson

Date

Please return this form by email to: be-grad-office@mit.edu or deliver the hard-copy to the BE Academic Office in 16-267 within 2 weeks following the Committee Meeting.