



COLUMBIA

COLUMBIA UNIVERSITY  
DEPARTMENT OF  
BIOMEDICAL INFORMATICS

## Doctoral Dissertation Committee Form

Student name: \_\_\_\_\_ Year entered program: \_\_\_\_\_

Committee members: Chair \_\_\_\_\_  
Sponsor(s) \_\_\_\_\_  
Internal Member \_\_\_\_\_

Date of committee meeting: \_\_\_\_\_

Is the student on track to complete their doctoral thesis  Yes  No

What was discussed in this meeting?

What are the expected research outcomes until the next thesis committee meeting?

What is the plan for how the student will meet these expectations?

Anticipated date for next committee meeting: \_\_\_\_\_

Student signature: \_\_\_\_\_

Research advisor signature: \_\_\_\_\_

*Internal advisory committees meet with PhD candidates every semester following passage of the Depth examination for a minimum of three meetings prior to the dissertation defense. Committees may meet more frequently as needed. Students are responsible for scheduling these meetings and for sending the filled out form to the graduate program manager.*