

MS FORE Advisory Committee Meeting Report

Student Name: _____

Student ID No.: _____

Date of Meeting: _____

Committee Members*	Academic Program	Signatures
1. _____ Chair	_____	_____
2. _____ Co-chair? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Student Signature

DGS Signature

*The Graduate School's rules regarding composition of the committee can be found on the "Request for Final Master's Degree Examination" form (http://www.rgs.uky.edu/gs/masters_exam.pdf).