

**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 Liz Labriola in GSRB 1 Room 2078
*** Students must include a one page summary of the meeting*****