

MICHIGAN STATE UNIVERSITY

**Mathematics Education Graduate Program
C110 Wells Hall
619 Red Cedar Road
East Lansing, MI 48824-1031**

Guidance Committee Report

Instructions: Please open using Adobe Reader, **NOT Preview**.

The Guidance Committee for _____ met on _____
(student name) (date)

Printed Names of Committee Members:

Chair: _____

Summary of Student Progress

Date Expected or Date Completed

Research practicum
Comprehensive examination
Dissertation proposal approval
Dissertation defense

Number of remaining courses from program plan:

Items Discussed:

Required Signatures:

Student: _____

Date

Chair of Guidance Committee: _____

Date

Graduate Director: _____

Date