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Plan of Study Committee Meeting

Student Name:	
(Print first and last name)	
CWID:	
MS:Ph.D(check one)	
This form confirms that a Plan of Study Committee Meeting to discuss and approand research direction was held on:	ove course work
Date:	
Chair	
Advisor (if different from Chair)	
Member	
Member	
Outside Member (if Ph.D. student):	
Student	