

Name: \_\_\_\_\_

## Master's Program in Microbiology and Immunology Thesis Submission/confirmation

This report is to be completed by the members of the thesis advisory committee within 10 days of post-defense, reviewed and signed by the student.

Please return completed form to Heidi Thompson:  
5641 Med Sci II or pdf/email: [heiditho@umich.edu](mailto:heiditho@umich.edu)

	Agree			Disagree	
1. Student has made acceptable progress	1	2	3	4	5
2. The conclusions drawn from the research are supported by the data.	1	2	3	4	5
3. The Thesis submitted is appropriate for a Master's degree in Microbiology and Immunology.	1	2	3	4	5
4. The research presented is in a state suitable for publication.	1	2	3	4	5
5. The student is finished with the research toward their Masters degree in Microbiology and Immunology	Pass			Fail	

The following research aims have been accomplished:

Discussion summary of student's milestones, goals, and future career plans:

Signed: \_\_\_\_\_ Thesis Advisor  
\_\_\_\_\_ Committee Member  
\_\_\_\_\_ Committee Member  
\_\_\_\_\_ Committee Member  
\_\_\_\_\_ Committee Member  
\_\_\_\_\_ Committee Member

I have read and agree with this progress report.

\_\_\_\_\_ Student

\_\_\_\_\_ Date