



ROWAN UNIVERSITY

Graduate School of Biomedical Sciences

ADVISORY MEETING COVER LETTER **(Doctoral Students only)**

Student's Name _____
Department _____
Date of Exam _____ Mentor _____

Advisory Meeting Report should, at minimum, address the following:

- Knowledge
- Writing
- Scientific Design and Specific Aims
- PowerPoint Presentation

For a sample letter, please go to: <http://www.rowan.edu/som/gsstrat/forms.htm>

“I agree to the contents of the attached Advisory Meeting Report.”

Approved Thesis Advisory Committee Members:

Name (please print)	Signature
_____	_____
Committee Chair	
_____	_____
_____	_____
_____	_____
_____	_____

Department Chair: _____ Date _____

Senior Associate Dean: _____ Date _____