

**MICHIGAN STATE UNIVERSITY**

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**Mathematics Education Graduate Program**

**354 Farm Lane**

**Room 211 North Kedzie**

**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