



SAO PREDOCTORAL PROGRAM

Predocctoral Research Review Committee Report



Meeting Information

Name of Student: _____

Meeting Date: _____

Meeting Number: _____

Committee Chairperson: _____

Smithsonian Advisor: _____

Additional Committee Member: _____

Start/End Date of SAO Predoctoral Fellowship: _____ to _____

Thesis Information

Thesis Subject: _____

Projected Thesis Defense Date: _____

Home Institution Information

Name of Home Institution: _____

Name of Home Institution Advisor: _____

Meeting Notes (Please complete questions in the spaces provided):

1. Describe the scope of this thesis. What are the scientific objectives? What is the intellectual content?

