

Vanderbilt Center for Medicine, Health, and Society  
**Thesis Pre-Proposal Advisor Meeting Form**

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

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

Tentative Project Title: \_\_\_\_\_

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This form is to indicate that an advisor has met with and discussed the student's 2-page pre-proposal. Feedback may be written or oral at the advisor's discretion, but a meeting is required. Faculty advisors are expected to provide guidance for the preparation and completion of the thesis.

By signing the document below, the advisor and student certify the above requirements have been met.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Students should deliver the signed form to Marissa Potts in Calhoun 300. An electronic copy will be placed in the student's departmental file.