



Western
UNIVERSITY • CANADA

School of Kinesiology Graduate Program

ADVISORY COMMITTEE MEETING FORM

Student Name:

Student Number:

Date of Meeting:

Evaluation of Progress:

Satisfactory:

Unsatisfactory:

Comments:

Date of Next Advisory Committee Meeting:

Required Progress for Next Meeting:

Completion Status

(Y/N/Not Ap)

Comments or proposed date of completion:

Statistics/Methods Course (and/or):

Course Work:

Ph.D. Candidacy Exams:

Expected Program Completion Date:

Graduate Seminar Milestone:

