		of Kinesiology ate Program		
Western UNIVERSITY - CANADA	ADVISORY COMM	IITTEE MEETING FORM		
Student Name:		Student Number:		
Date of Meeting:				
Evaluation of Prog	ress:			
	Satisfactory:	Unsatisfactory:		
<u>Comments:</u>				
Date of Next Advisor	v Committee Meeting			
Date of Next Advisory Committee Meeting: <u>Required Progress for Next Meeting</u> :				
Completion Stat	us (Y/N/Not Ap)	Comments or proposed date of completion:		
Statistics/Methods Cou	rse (and/or):			
	Course Work:	[
	idacy Exams:			
xpected Program Comp Graduate Semina				

Supervisor(s) and Advisory Committee Members:

Role	Name	Signature

I, the student, have read and agree with the progress report and recommendations.

Student's Signature: