



COLLEGE OF APPLIED HEALTH SCIENCES

Department of Kinesiology & Community Health
Louise Freer Hall, MC-052
906 S. Goodwin Ave.
Urbana, IL 61801

**Department of Kinesiology & Community Health
Annual Graduate Student Review and Evaluation Form: Student**

1. Student's Name:

2. Graduate Advisor's Name:

3. Degree being sought:

MS KIN

PhD KIN

MS CHLH

PhD CHLH

MHA

MPH

4. Brief Statement of Career Goals (maximum 100 words):

5. Brief Description of Research or Professional Interests (maximum 250 words):

6. Factors that May Have Hindered Progress Towards Degree:



8. Thesis/Dissertation Committee (if not formed leave section blank. See Graduate Handbook for specifics):

Faculty Committee Members	Academic Rank	Home Department
(advisor)		

9. Date of Qualifying/Preliminary Exam (if applicable):

Title of Thesis/Dissertation Research (if not known leave blank):

11. Anticipated Date of Final Exam/Degree Completion (month, year):

Student Signature:

Date:

Advisor Signature:

Date: