**Department of Kinesiology & Community Health**

**Annual Graduate Student Progress Review and Evaluation: *Student Form***

1. **Student’s Name:**
2. **Graduate Advisor’s Name:**
3. **Degree being sought: *MS****:* KIN **\_** CHLH REHB \_ MSHA \_ MSHT \_**\_**MPH ***PhD*:** KIN CHLH
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:**
7. **List all courses and grades completed to date:**

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| --- | --- | --- | --- | --- |
| **Course Rubric and Title** | **Grade** | **Semester Taken** | **400-level hrs** | **500-level hrs** |
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|  |  |  | **Total:** | **Total:** |

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

|  |  |  |
| --- | --- | --- |
| **Faculty Committee Members** | **Academic Rank** | **Home Department** |
| (advisor) |  |  |
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1. **Date of 2 yr Doctoral Review** (PhD students only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Qualifying/Preliminary Exam** (if applicable):

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

\_\_ \_\_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.