

## M.A. ANNUAL PROGRESS MEETING - EVALUATION SUMMARY

Student's Name	Meeting Date	
Advisor	Specialization	
Student provided a 1-2 page sum unofficial transcript to faculty 7 wo	• •	
Academic Coursework Strengt     Study (M1) and Demonstra	hs and Weaknesses – Cons ably Meeting Kinesiology Co	
Outstand Progres		Unsatisfactory Progress
Comments:		
2. Research and Scholarship Stre Research Plan of Study (M	<u> </u>	reparation for/ consistent with
Outstand Progres		Unsatisfactory Progress
Comments:		

Collegial E	Expectati	on Section of	Ph. D.		c. Inc	ludi	esses (see Prof. and ng attendance at KN gram])	
		Outstanding Progress		Satisfactory Progress			Unsatisfactory Progress	
Comments:								
Student's Upo coming ye	•	1ilestones/Go	als and	Timelines/Dea	adlin	es f	or Completion during	j the
Comments:								
5. Student's Care	eer Goal	s were discus	ssed: Y	ES NO				

M.A. in Kinesiology Competencies: Please review each year for adequate progress in competencies toward degree and rate as 1=adequate progress and 2=inadequate progress.

1. Students will be expected to demonstrate a comprehensive understanding of the interdisciplinary field of Kinesiology, and be able to analyze their own research specialization and locate it in relation to both the field of kinesiology, and to the broader the aims and objectives of the School of Public Health.  Check one: Adequate, or Inadequate. Comments:
2. Students will be expected to identify, apply, and critique the range of empirical foci, concepts and theories, and research methodologies, appropriate to their specialized area of kinesiological inquiry.  Check one: Adequate, or Inadequate. Comments:
3. Students will be expected to originate, develop, and complete individually generated, high quality, and prescient scholarly research appropriate to their specialized area of kinesiological inquiry.  Check one: Adequate, or Inadequate. Comments:

Decision of the Committee:		
Outstanding Progress	Satisfactory Unsatisfactory Progress Progress	y
Comments:		
Committee Members: Print Last Name/ S	Signature	
Advisor Signature	Date	
Student Signature	 Date	
Director of Graduate Studies	Date	