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

1. **Student’s Name:**
2. **Graduate Advisor’s Name:**
3. **Degree being sought:

\_\_**MS KIN **\_\_**MS CHLH \_\_MS HA \_\_MS HT \_**\_**MPH **\_\_\_**MS REHB \_\_\_PhD KIN \_**\_\_**PhD CHLH

1. **Brief Statement of Career Goals**:
2. **Brief Description of Research or Professional Interests**:
3. **Factors that May Have Hindered Progress Towards Degree:**
4. **List all courses and grades completed to date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_