

Student Name: _____ Student Number: _____

Date of Commencement in MSc program: _____ YYYY/MM/DD

<u>Supervisory Committee</u>		<u>Signatures</u>
Supervisor		_____
2 nd Member		_____
3 rd Member		_____
4 th Member		_____

MSc courses completed:

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Completion of data collection: _____ YYYY/MM/DD

Submission of written report: _____ YYYY/MM/DD

Oral presentation of research data: _____ YYYY/MM/DD

Awards/Scholarships held: *attach a separate sheet if necessary*

Recommendation to accelerate as of _____ YYYY/MM/DD

Associate Chair, Graduate Studies, Kinesiology

Date