NURSING FACULTY ADVISOR FORM

PART I

FAMILY NAME (PLEASE PRINT)   FIRST NAME   INITIALS   ID NUMBER

Program (circle):   NP Diploma   NP/MN   MN Leadership   MN Advanced Practice   MScN Leadership   MScN Advanced Practice

Discuss plan with student

Plan for completion of coursework:

Course number or name	Term (e.g., Fall 2017; Winter 2018)	Course number or name	Term (e.g., Fall 2017; Winter 2018)

Note: If elective unknown, just write *elective* and term you plan to take it. Include courses both completed and yet *to be completed*.

Anticipated graduation date: Give month/year.

MScN students: This section to be completed by students in the thesis stream

Title of thesis:

Give a summary of your *projected and/or current plan* for completion of your thesis. Include: timelines and graduation date:

Thesis	Projected date (month/year)
Chapter 1	
Chapter 2	
Chapter 3 and defense of proposal	
Ethics approval (REB)	
Chapter 4	
Chapter 5; thesis defense; final thesis approval	
Graduation	

Graduate students are expected to be actively engaged in scholarly activities. Discuss with student:

Identify your **scholarly activities and accomplishments** (e.g., scholarships, research stipends, GA, publications, conference presentations, poster presentations, classes taught, attendance at thesis defences, attendance at U of W continuing education events such as Dr. Sheila Cameron Research Forums, Lunch & Learns, and IHI Open School events) for the last year:

PART II (to be completed by faculty advisor in collaboration with student)

After discussion with student, comment on the plan whether or not you are both satisfied with the progress made.

Date of meeting: _____

PROGRAM PROGRESS: Initial the appropriate box. V G = Very Good S = Satisfactory M = Marginal U = Unsatisfactory	VG	S	M	U	
Advisor's initials					

_____ _____   _____ _____
Signature of Advisor (if applicable):   (Date)   Student's signature: (Date)