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| **UW_Logo_2L_horz** | **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) |
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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 defenses, 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:

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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