



**Doctor of Philosophy
Proposed Program of Study Rating Sheet**

To: KINESIOLOGY GRADUATE FACULTY

Student's Name:

Major Advisor:

Date:

The attached *Proposed Program of Doctoral Study* is being distributed for your information and comments. Your reactions and suggestions should be forwarded to the advisor prior to the Program of Study Committee Meeting scheduled for

(Date)

Other Committee Members:

- 1.
- 2.
- 3.

PLEASE RECORD YOUR REACTION BELOW:

Appears to be appropriate
Comments:

Questionable/ Have reservations
Comments:

Appears unsatisfactory
Comments:

_____/_____
(Reviewer's Signature) (Date)