

CONFIRMATION OF ACADEMIC PROCESS GUIDANCE  
 (Mentoring Requirement - Twice Yearly)

                                                                                                  

Date of Meeting

With Whom

Signature

Comments (Optional)

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\_\_\_\_\_  
 Candidate's Signature                      Date

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 Mentor's Signature                      Date

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Chair's (or Affiliate Chief's) Certification

Chair's (or Affiliate Chief's) Comments (Optional)

\_\_\_\_\_  
 Signature                                      Date

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