
Candidate's Name

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

<u>Date of Meeting</u>	<u>With Whom</u>	<u>Candidate's Signature</u>	<u>Candidate's Comments (Optional)</u>
_____	_____	_____ Signature Date	_____ _____ _____
_____	_____	_____ Signature Date	_____ _____ _____

Chair's (or Affiliate Chief's) Certification

Signature Date

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

<u>Date of Meeting</u>	<u>With Whom</u>	<u>Candidate's Signature</u>	<u>Candidate's Comments (Optional)</u>
_____	_____	_____ Signature Date	_____ _____ _____
_____	_____	_____ Signature Date	_____ _____ _____

Chair's (or Affiliate Chief's) Certification

Signature Date

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

