MSMHA Program Progress Form for Mandatory Semester Meetings

Student Name: ___________________________ Date: ___________________________

Semester and Year enrolled ________________________ Expected Date of Graduation ________

Academic Advisor’s Name: ___________________________

**Academic Coursework:**

1. For any course in which you earned less than a “B,” please indicate the most important reasons that affected your performance.

2. If you have experienced difficulty, what corrective measures have you taken?

3. What have you found to be the best resources (tutoring, study groups, etc.) that might have or has facilitated a stronger performance?

4. Are there any extenuating circumstances or issues that you wish to discuss with your advisor?

**Capstone and Elective Information (First year students): (mid-March mandatory session)**

1. Have you identified an appropriate Capstone mentor?

2. How firm is the Capstone Project that you have in mind?

3. How extensively have you discussed a possible project with your chosen mentor?

4. Is your mentor ready to sign the MSMHA Capstone Project Mentor-Student Agreement Form?
5. If you do not have a Capstone mentor in mind at this time, explain why?

6. Do you need assistance in identifying a potential Capstone Project and/or mentor?

7. Have you identified suitable elective(s) for Year Two?

**Capstone Project Information and Electives (Second Year Students): (November and March meetings)**

1. Is your Capstone Project on track to complete?

2. If not, what assistance do you need to keep on track?

3. Have you identified a 3rd faculty member to serve on your capstone committee? If so, please name that person. *(must be done by November)*

4. Will you be submitting the results of your Capstone work to a peer-reviewed journal or otherwise presenting your work at a local/regional or national meeting?

5. What type of assistance do you need in submitting your work or presenting it at a meeting?

6. Do you need any assistance in finding electives to fulfill your 9 credit hours?

7. Have you satisfied your teaching requirement for the program? Do you need any suggestions on the best way to fulfill this requirement?

Student signature: ___________________________________________ Date: ________________

Academic Advisor’s signature ____________________________________________

*(Please note any additional information below and return to the chair of the Mentoring Committee)*