

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

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

Signature Date

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