## EDCI/EDLD 590 SEMESTER GOALS STATEMENT

NAME:ADVISOR:		STUDENT ID:		
Dear Graduate Student, It is the policy of the Departmen objectives in order to ensure the ask you to take a few minutes to and your advisor. Your grade for required to check in with your a advisor to set up a schedule.	at masters candidates work fro o identify the goals for your 59 or the course will be based on	om a plan and make sted O course this semester. I the extent to which you	ndy progress toward graduati This listing then forms a conta fulfill the terms of your stated	on. To that end, we ract between you l objectives. You are
GOALS FOR THIS S	SEMESTER:			
EXPECTED PRODU	JCT:			
WE AGREE TO TH	ESE GOALS:			
Student sign	date	Adv	isor/chair sign	date
For instructor use on	aly: <b>RECORD OF S</b>	STUDENT CO	NFERENCE DAT	ES
#1: #2:	#3:	#4:		
COMMENTS:				

Cc: file, student