

Name of Supervisor/Career Mentor

Name of Graduate Coordinator/Administrator

## Individual Development Plan & Professional Development Completion Form [For Department use only]

Phone: 780.492.3499 Fax: 780.492.0692

2-29 TRIFFO HALL www.gradstudies.ualberta.ca Student ID Student Last Name, First Name Degree Program Specialization (if any) Department I certify that my: Professional Development requirement - Individual Development Plan is: O complete (mandatory if admitted after September 2016) O not required (student began program before September 2016; department exempt) Professional Development requirement - 8 hours of Professional Development Activities (as recorded below) is : O complete (mandatory if admitted after September 2016) O not required (student began program before September 2016; department exempt) Description of Professional Development Activity Time (hours) **Date Complete Total Hours:** Student Signature (digital or hand-written) Date Completed and retained by Graduate Coordinator/Administrator I certify that: Professional Development requirement (Individual Development Plan and 8 hours of activities) is: • complete (mandatory if admitted after September 2016) O not required (student began program before September 2016; or department/student exempt)

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Signature

Signature

Date

Date