



Student Progress Review

Student Name: _____

Progress Review Submitted Spring of Year: 2015

Mentor or Committee Chair Name: _____

Date Admitted to MS in Clinical Investigation: _____

Anticipated Graduation Semester: _____

Current Status in MSCI: _____

| Credit Hour Summary | | |
|--|---|---|
| | Completed by end of Spring Semester | Required for MS Degree |
| Core and Required Course Credit Hours*: | | Track 1b: 18 Track 1c: 20 Track 2: 15.5 |
| Elective Course Credit Hours: | | 2 + |
| Subtotal, Classroom Credit Hours: | | Minimum of 20 |
| Research Credit Hours (MDCRC 6960): | | Number of credits varies |
| Total Credit Hours: | | |
| Grand Total: | | Minimum of 30 |

* If you are not clear on which are "core" versus "elective courses", just fill in the "classroom" credit hour subtotal.

MS Project Plan

Project Plan Submitted? _____

Project Title: _____

Student Progress (to be completed by the student)

a) Academic progress: Please provide any comments on progress with your course work and your final project for your MS in Clinical Investigation. Any obstacles or problems?

b) General research progress: Please describe any research accomplishments such as conference presentations, papers, or grants.

Mentor or Committee Chair's Comments (to be completed by the mentor)

Instructions: Please comment on the student's progress from your point of view.

Student Signature: _____ Date: _____

Mentor or Committee Chair

Signature: _____ Date: _____