



THE UNIVERSITY OF UTAH GRADUATE SCHOOL
REPORT OF THE FINAL EXAMINATION
FOR THE MASTER DEGREE

CAPSTONE PROJECT

Return copy signed by the committee to:

MSCI@lists.utah.edu

Or

The University of Utah
Master of Science in Clinical Investigation
295 Chipeta Way
Salt Lake City, UT 84132

Name of Student: _____

Department: _____ Date of Examination: _____

The student's examination/project was evaluated as follows by the committee: Passed Failed

Please assign the student a letter grade for the MDCRC 6960 Research Project: _____

Signatures of the supervisory committee:

Chair

Member

Member