

CRTC THESIS – FINAL APPROVAL

Date: _____

To the School of Medicine:

I, the undersigned, report that as a mentorship committee member, I have examined _____'s work and find that his/her attainments are such that s/he may properly be admitted to the degree of **Master of Science in Clinical Investigation and/or in consideration of completion of their CRTC Program.**

Thesis Title:

Date Submitted: _____

Journal: _____

Was funding from the CTSA acknowledged? _____

- Note: Postdoctoral scholars should cite grant UL1 TR002345. TL1 scholars should cite grant TL1 TR002344. KL2 scholars should cite grant KL2 TR002346.

Was funding from other sources acknowledged? _____

Name (print or type):

Signature:

Primary Mentor

CRTC Program Mentor

Other Mentor

This form should be signed and forwarded to the CRTC at Campus Box 8051 no later than December 1st for December graduates, May 1st for May graduates, or August 1st for August graduates.