CRTC THESIS – PRELIMINARY MEETING

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 is expected to complete the thesis required for the degree of Master of Science in Clinical Investigation and/or in consideration of completion of their CRTC Program.

Thesis Title:

________________________________________________________________________

________________________________________________________________________

Anticipated Date for Submission: ______________

Anticipated Journal: _______________________________________________________

________________________________________________________________________

Will funding from the CTSA be acknowledged? ____________________________

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

Will funding from other sources be acknowledged? _________________________

Name (print or type):    Signature:

________________________________________________________________________

Primary Mentor

________________________________________________________________________

CRTC Program Mentor

________________________________________________________________________

Other Mentor

This form should be signed and forwarded to your program coordinator in the CRTC at Campus Box 8051 or via e-mail crtc@dom.wustl.edu.