

## 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](mailto:crtc@dom.wustl.edu).*