Clinical Translational Sciences

Annual Student Progress Report

*To be completed by student and submitted to CTS Executive Committee on or before June 1st   
of each year in program* ***with approval and comments of faculty mentor****.*

|  |  |
| --- | --- |
| Date: |  |
| Student’s Name: |  |
| Research Advisor/Mentor (or TBD): |  |
| Semester and Year Admitted: |  |
| Minor Declared: |  |

|  |  |  |
| --- | --- | --- |
| Dates of Comprehensive Exams: | Written | Oral |

(Please indicate the dates when you **took** the written and oral exams or **plan** to take them   
 this coming year)

### Advisory Committee

|  |  |  |  |
| --- | --- | --- | --- |
| Major: |  | Minor: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Date(s) of Advisory Committee Meeting(s): |  |

**(*After formation of your Advisory Committee, a meeting must take place at least once   
 during each academic year: August 1 - May 31*)**

|  |  |  |
| --- | --- | --- |
| Dissertation Title: |  | |
| Dissertation Format (chapters or manuscripts): | |  |

|  |  |
| --- | --- |
| Expected Degree Completion Semester: |  |

A. **ALL** COURSEWORK TAKEN   
 (Fall, Spring, and Summer of past year including research/thesis/dissertation units):

## FALL

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number | Name | Units | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## SPRING

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number | Name | Units | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## SUMMER

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number | Name | Units | Grade |
|  |  |  |  |

B. **ALL** PAPERS PUBLISHED   
 (since admission into Program in chronological order with complete titles and authors and identifying   
 journal):

|  |
| --- |
|  |
|  |

C. **ALL** ABSTRACTS PUBLISHED   
 (since admission into Program in chronological order with complete titles and authors):

|  |
| --- |
|  |
|  |

D. HONORS and AWARDS   
 (list full name, date, and amount of honor/award for last academic year):

**Applied For:**

|  |
| --- |
|  |
|  |

**Received:**

|  |
| --- |
|  |
|  |

E. MEETINGS ATTENDED AND REPORTS PRESENTED   
 (list complete name and dates of each meeting attended in last year):

F.  **ALL** APPLICATIONS FOR FINANCIAL SUPPORT   
 (complete name and date of each support application since admission to Ph.D. program, with result):

|  |
| --- |
|  |
|  |

G. ADDITIONAL ACHIEVEMENTS:

H. SUMMARY OF RESEARCH PROGRESS (hypothesis, experiments, results, conclusion, future plans):

***(Please summarize your research progress in 1-3 paragraphs to inform the CTS Executive Committee about what you are working on. Do not copy and paste a full manuscript or grant application as your summary.)***

I. PLANS FOR COMING YEAR  
 ***(Please state your goals and objectives for the coming year in terms of research, coursework,   
 written/oral presentations, and other professional development activities.)***

Work for the year is incomplete until this report has been approved by the Research Mentor (if selected) AND by the CTS Executive Committee.

***Research Advisor/Mentor – Please add your comments here:***  
(The student’s mentor is requested to add comments below or send them directly to CTS Executive Committee at [CTSsupport@email.arizona.edu](mailto:CTSsupport@email.arizona.edu). Your feedback is vital – thank you!)

|  |
| --- |
| ***APPROVAL OF RESEARCH ADVISOR/MENTOR:*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |

|  |
| --- |
| ***APPROVAL OF CTS EXECUTIVE COMMITTEE:*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |

