

## CLINICAL RESEARCH TRAINING PROGRAM THESIS ADVISORY COMMITTEE PROGRESS MEETING REPORT

Complete and sign this form. Circulate to TAC members for their signatures and optional comments.  
Send the signed report to Mayo Graduate School, Guggenheim 2-24, (trevis.maribeth@mayo.edu).

Scholar name: \_\_\_\_\_

Date of progress meeting: \_\_\_\_\_

TAC members present: \_\_\_\_\_

**OVERALL ASSESSMENT (thesis advisor to tally votes from committee members present):**

- Meets expectations
- Does not meet expectations; needs improvement

**NARRATIVE REPORT (required):**

**A. Progress since the last committee meeting (or since approval of thesis proposal):**

**B. Expectations before the next committee meeting:**

**C. Additional comments (optional):**

TAC Chair Printed Name	Signature	Date
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TAC Member Printed Name	Signature	Date
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TAC Member Printed Name	Signature	Date
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Scholar Printed Name	Signature	Date
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