

School of Medicine Research Education Office

CCTS Supervisor Agreement/Approval - Spring

Applications are due May 15

As the _____ (e.g. Dept/Div Chair, Program Director, PI), I am responsible for the supervision of the applicant indicated below. This individual works under my direction and I am responsible for his/her financial support as a _____ (e.g., faculty, clinical or post-doctoral fellow, resident, etc). This serves as my approval and support for the scholar named above for his/her participation in the Certificate in Clinical and Translational Science Program, if accepted for July.

I confirm my understanding that (1) the program requires each scholar to complete 16 semester credits of scheduled course work between July this year and June next year, and that (2) class attendance and participation is mandatory. Classes meet between 3:00 and 6:00pm, Monday thru Friday (typically 2-3 days per week only) and the applicant will be given adequate release time (50%) from their duties to attend class and complete the necessary homework for each course. I have reviewed the calendar of studies for the year, and I approve the scholar's commitment of time to complete this program.

Scholar/Applicant Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Signature: _____

Date: _____