

**Biomedical Research Education Program
Masters of Science in Clinical Research (MSCR)**

**Committee on Studies
Report**

To be submitted after each quarterly meeting

Section I: Student Information

Student Name: _____ UNM ID: _____ Date of Meeting: _____

Section II: Committee Information

Members of the COS Present:

COS Chair/Mentor: _____ Department: _____

Member: _____ Department: _____

Member: _____ Department: _____

Member: _____ Department: _____

Member: _____ Department: _____

Were all members present? Yes _____ No _____

Section III: Progress

Academic Progress since last meeting:

Rating: Excellent _____ Satisfactory _____ Unsatisfactory _____
Comments:

Research Progress since last meeting:

Rating: Excellent _____ Satisfactory _____ Unsatisfactory _____
Comments:

Goals and Objectives for next meeting:

Rating: Excellent _____ Satisfactory _____ Unsatisfactory _____
Comments:

Additional Comments:

Section III: Approvals

Student Signature: _____ Date: _____
I have reviewed this report.

COS Chair Signature: _____ Date: _____
I have reviewed this report.

BREP Program Director: _____ Date: _____