

	ografii ke	search kesi	dency Completion/Evaluation Form		
Student:			Faculty Advisor:		
Research Project Title:			Funding Source:		
Faculty mentor (if not advisor):			Duration of this residency experience:		
Indicate completion and describe student-learning accomplishments from this experience.					
1. Participate in	YES	NO			
proposal/planning or pre-award					
activity					
2. Participate in study start-up	YES	NO			
activities (e.g., prepare IRB applications, data collection					
tools, recruitment tools).					
3. Participate in data collection	YES	NO			
activities					
4. Create a database and	YES	NO			
manage files					
5. Conduct data cleaning and	YES	NO			
initial analyses	163	NO			
initial analyses					
6. Participate in at least one	YES	NO			
dissemination activity (e.g.,					
crate an abstract, powerpoint					
presentation, manuscript draft).					
Additional Student or Faculty comments:					



Student Signature	Date	
Faculty Mentor Signature	Date	
Faculty Advisor Signature	Date	
PhD Program Director Signature	Date	