

**Final Graduation Review
Master of Advanced Studies in Clinical Research**

To be completed at least 3 months prior to the expected graduation date. Send the completed form to Clair Dunne at Box 0560.

Name: _____

Estimated Quarter of graduation (when all requirements will be met): _____ 20__

Master's Committee Pre-Graduation Meeting Date: _____

Master's Committee Review

We have reviewed the student's final plan and timeline and have agreed upon a plan of action regarding the content and completion of the three research products (listed below) required for graduation.

1. Comprehensive Literature Review
2. Presentation at a scientific meeting
3. First-authored manuscript

Signatures of committee members:

Chair's Name: _____

Signature: _____

Date: _____

Member Name: _____

Signature: _____

Date: _____

Member Name: _____

Signature: _____

Date: _____