**Midterm Report for the MD/Special Training in Research Program**

**Submit completed midterm report to the Program Coordinator, Nicole Kosturic, via email at** **fmdugrad@ualberta.ca****, Office of Research before 11:59 p.m. on July 1st**

|  |  |  |
| --- | --- | --- |
| **Student name (LAST name, First name):** | **ID Number:** | **Class of 20\_\_\_:** |
| **Home phone #:** | **Work/Cell phone#:** | **E-mail:** |

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Comments** |
| Are all ethics in place? |  |  |
| Are data collection and experimentation on track? |  |  |
| If applicable, is patient recruitment or biospecimen accrual on track? |  |  |
| Has the Student presented an oral report as organized by the Supervisor? |  |  |
| Have there been any challenges to research progress? |  |  |
| Has the project or student role changed? |  |  |
| What stipend support do you have? |  |  |

**Signature of MD STIR Student: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Supervisor: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Submit a signed electronic copy to the Program Coordinator, Ms. Nicole Kosturic, fmdugrad@ualberta.ca, at the Office of Research before11:59 p.m. on July 1, 2024.

|  |
| --- |
| Protection of Privacy: - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of admission into the MD with STIR program. Direct any questions about this collection to: Nicole Kosturic, Program Coordinator, Faculty of Medicine & Dentistry, Office of Research, via email at nkosturi@ualberta.ca; phone 780.492.8365. |