

Master of Science in Clinical Investigation and Translational Science

Research Supervising Committee (RSC) List & Signature Approval of Research Proposal

Student Name: _____ Date: _____

Research Project Proposal Title: _____

Signatures below signify that the student's research project proposal has been reviewed and approved at the required RSC group meeting.

Research Supervising Committee (RSC) Members:

Chair/ Supervising Professor:

Signature: _____

Name & Credentials: _____

Department/Division: _____

UTHSA E-mail: _____

MSCI-TS COGS Member:

Signature: _____

Name & Credentials: _____

Department/Division: _____

Institutional E-mail Address: _____

MSCI-TS Graduate Faculty Member:

Signature: _____

Name & Credentials Name: _____

Department/Division: _____

Institutional E-mail Address: _____

External Expertise Specific Faculty Member

Signature: _____

Name & Credentials Name: _____

Department/Division: _____

Institutional E-mail Address: _____

Student Signature: _____

