

Master of Science in Clinical Investigation and Translational Science

(TSCI 5077) Translational Science Training (TST) Practicum

Record of Student Activities in the TST Practicum (TSCI 5077)

(Form must be submitted no later than the 5th day of the month following the month of activities.)

Student Name: _____ Date: _____

Record for the Month of: _____

For each activity, provide as much detail as possible to accurately reflect your participation.

Activity 1	Hours/week
_____	_____

Activity 2	Hours/week
_____	_____

Activity 3	Hours/week
_____	_____

Activity 4	Hours/week
_____	_____

Activity 5	Hours/week
_____	_____

Activity 6	Hours/week
_____	_____

Activity 7	Hours/week
_____	_____