

UT Health San Antonio
Master of Science in Clinical Investigation & Translational Science
(MSCI-TS) Program

TSCI 6100 – Practicum in IACUC Procedures

Monthly Planned Activities Report in the IACUC Practicum

Student Name: _____ Date: _____

Record for the Month/Year of: _____

This document must be signed by the student and submitted to the Course Director the first week of each month after the reporting month.

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
_____	_____

Student Signature	
_____	_____

Student Name:

Date

IACUC Signature	Date
_____	_____

TSCI 6100 Course Director

Date

Electronic/Wet Signatures Are Accepted