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
__________________________________________________________________________

Activity 2
__________________________________________________________________________

Activity 3
__________________________________________________________________________

Activity 4
__________________________________________________________________________

Activity 5
__________________________________________________________________________

Activity 6
__________________________________________________________________________

Student Signature

IACUC Signature

TSCI 6100 Course Director

Electronic/Wet Signatures Are Accepted