Health Sciences (HS) Doctoral-Faculty Dyad Grant

Midterm Progress Report Form

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| --- | --- |
| **Project Title:** |  |
| **Doctoral Investigator:** |  |
| **Faculty Investigator:** |  |
| **Department:** |  |

**Project Overall Progress Update**

This project is progressing as planned and will be completed by the proposed deadline.

This project has been completed successfully ahead of schedule.

This project is progressing, and may require an extension.

This project is not progressing as planned and will be discontinued at this time.

**Please complete for projects with human subjects**

Provide the number of subjects who have participated in the study:

Provide the number of subjects still needed to complete the study:

**Budget update**

Provide the amount awarded:

Provide the amount spent to date:

**Briefly describe project progress based on original proposal:**

**Publications and Presentations (complete or expected):**

**External Funding (to be applied for, applied for and/or received):**

Signature of **Doctoral Investigator Date**

Signature of **Faculty Investigator**                                                               **Date**