

University of Pittsburgh
Degree Granting Programs in Medical Education
Review Committee Signature Form

Trainee's Name _____

Indicate your chosen option for fulfilling the required master's project for the Medical Education program:

- Curriculum Development Manuscript Standard Thesis Grant Proposal

What is the topic of your project?

The Review Committee includes the Program Director, your CETP Advisor, your Project Mentor, and at least 2 other faculty members. Your project must be presented to the Review Committee in March of Year 2. Please identify the members of your committee:

Program Director (print name):

Signature:

Email Address:

Phone Number:

CETP Advisor (print name):

Signature:

Email Address:

Phone Number:

Project Mentor (print name):

Signature:

Email Address:

Phone Number:

Faculty Member #1 (print name):

Signature:

Email Address:

Phone Number:

Faculty Member #2 (print name):

Signature:

Email Address:

Phone Number:

Please return this form to the Medical Education Office at 200 Meyran Avenue, Suite 300 or fax to 412-586-9672

For Office Use Only

Approved: _____

Not Approved: _____

Date: _____