

Academic Scholar Program (ASP) Progress Report

Please complete this form, then print and sign at the bottom. Email the completed form to AMS-Records@brown.edu. Please submit Progress Report four weeks prior to the end of your Time Away.

Student Information	ı (Please fill out	below):	
First Name:		Last Name:	<u> </u>
MD Class:	Date:		
Faculty Mentor Info	rmation (Please	e fill out below):	
First Name:		Last Name:	-
Faculty Email Address:	:		
Faculty Department/Ir	nstitution:		_
Project Topic: Descri	be your project, in	ncluding the goal and work involved to meet those	goals.
Project Undate: Des	criha tha nrograss	s on your project to date.	
Project Opuate. Desc	Tibe the progress	son your project to dute.	
Project Update: Has	the goal or focus	of your project changed since its inception? If so,	please describe
how it has changed.			



Academic Scholar Program (ASP) Progress Report

Project Update : Describe your plans for continuation of the project.	
Project Completion: If your project has been completed, please su	mmarize your accomplishments,
whether you met your goals and the experience you gained during t	
Please sign the appropriate fields below:	
Student Signature	 Date
S .	
Faculty Mantau Cinnatura	Data
Faculty Mentor Signature	Date
Associate Dean for Student Affairs Signature	Date