

**SCIENTIFIC MENTOR – INVESTIGATOR MEETING REPORT
DEPARTMENT OF MEDICINE**

Investigator: _____

Scientific Mentor: _____

Date: _____

Date of last meeting: _____

Issues discussed (progress and timelines for goals)

1. Research:

2. Grant support and review:

3. Publications:

4. Laboratory/Research Support Staff and Organization:

5. Trainees:

6. Time protection and management:

7. Other comments (continue over if necessary):

Mentor:

Investigator:

8. Scheduled date of next meeting: _____

Signatures: _____
Investigator

Mentor

cc: Department Chair, Divisional Director, Research Committee Chair, Career Development Director