

Student's Name:
Research Advisor:

Semester and Year:
Academic Advisor:

PHD STUDENT RESEARCH
To Be Completed by PhD Trainee
Department of Biomedical Informatics
Columbia University

Research Stage:

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Research Abstract or Description:

Present Challenges:

Planned Research Goals for This Semester:

Assistance Needed:

How You Will Obtain the Assistance You Need:

Signatures

Student: _____

Date: _____

Research Advisor: _____

Date: _____

Academic Advisor: _____

Date: _____