**University of Rochester School of Medicine & Dentistry**

**Medical Humanities and Bioethics Pathway**

**Pathway Project Progress Check Sheet**

**YEAR FOUR**

Due Oct 15

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Schedule a time to meet with mentor to review progress to date on pathway project.*

* Reviewed work done to date
* Reviewed challenges or potential barriers to completing the work
* Discussed a plan to address issues and support completion
* Discussed any concerns of mentor or student about the project
* Discussed a possible date in January to meet to review final project

Comments:

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  **Advisory Dean’s Signature Date Pathway Director’s Signature Date**  *Failure to meet Pathway deadlines will result in the student being withdrawn from the Pathway.*  *Please send completed form to Christine Donnelly, Room G-8011, or via email to Christine\_donnelly@urmc.rochester.edu* |