



Student Name: _____
Academic Year _____ :

Today's date: _____

Scholarly Concentration Information	Scholarly Concentration Area:	
	Project Title:	
	Project Completion Date:	
	Mentor:	

<p>Reflection on project experience:</p> <p>Describe your experience completing your project.</p> <p>Did you experience any problems with your project or original timeline? How did you overcome them?</p>	
<p>Final timeline and project milestones:</p>	



Student Name:
Academic Year :

Today's date: *Page 2*

<p>Completed Project Deliverables:</p> <p>Examples: journal article, posters, conference presentations, etc.</p> <p>Please include PDF files of completed deliverables as additional attachments.</p>	
<p>Acknowledgements: <i>(Optional)</i></p>	

By signing below, I approve the completion of this scholarly concentration project.

<i>Medical Student</i>	<i>Faculty Mentor</i>	<i>SC Area Director</i>