



STUART D. COOK, M.D. MASTER EDUCATORS' GUILD

University of Medicine & Dentistry of New Jersey

Interdisciplinary Grant Progress Report

Progress reports enable the MEG to assess whether satisfactory progress is being achieved with research grants. Complete and submit this form annually and at the completion of the project.

Forms should be submitted electronically to the secretary of the MEG.

Administration

Research Grant Title

Principal Investigator's name

PI's campus phone

PI's campus e-mail address

Co-Investigators

UMDNJ IRB protocol number and
Date of UMDNJ IRB approval

Year Funding Commenced

Period covered by this report

Progress

1. Please summarize the original objectives of the research grant.

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2. For this reporting period, please describe the progress in achieving the research aims in the original application.

3. Have the personnel or partners changed from those specified in the original application? If yes, explain:

4. Have the time-lines for the research grant changed? If yes, please provide details and reasons.

5. Has the research protocol changed from that specified in the original application? If yes, please explain how and why it changed?

6. If satisfactory progress towards achieving the research aims has not been achieved, please explain why this has occurred and how the relevant issues are being addressed.

Achievements

Indicate any output associated with the research to date. Where relevant, write a number in each box, and provide full citation of academic outputs on an attached sheet (e.g. name of journal, title of conference and when/where held, title and publisher of book or chapter in book, impact factors if known). Only include publications that have been published, or accepted for publication. "Expected" publications can be included in the next progress report or the Final Report.

Item	Field	No.	Title
a.	Abstracts		
b.	Oral Presentations		
c.	Journal Articles		
d.	Journal Letters		
e.	Changes/Additions in Curriculum		

Additional Funding

Please specify if any additional funding was secured for the research grant.

SOURCE	YES	NO	Name of funding source and \$ amount
UMDNJ funding	<input type="checkbox"/>	<input type="checkbox"/>	
Government	<input type="checkbox"/>	<input type="checkbox"/>	
Other competitive funds	<input type="checkbox"/>	<input type="checkbox"/>	
Other non-competitive funds	<input type="checkbox"/>	<input type="checkbox"/>	

Personnel

Please provide the number individuals involved in the research project (not subjects) during the reporting period.

Students Research Assistants Faculty

Budget

Please complete the table below for each item requested in the original budget and include the amount spent during the reporting period. If a deviation from the budget occurred, please explain reason for the deviation.

Budget Item	Amount Requested	Amount Spent	Reason for deviation, if applicable
TOTAL Budget Requested			

