



Fall Year II Progress Report

Biographical Information

Name	
Date	
Phone	
E-Mail Address	
Anticipated Year of Graduation	

Project Information

Project Title	
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Faculty Mentor Information

Name	
Department/Institution	
E-Mail Address	

Project Update

Please provide 1-2 paragraph responses for each of the following (feel free to use additional space if necessary):

- 1. Briefly describe the main tasks of your summer project, including details about how you spent your time and the frequency and nature of your interactions/meetings with others.**
- 2. Briefly describe the findings, results, and/or products of your work. Include any ways in which your actual summer work differed from what you proposed in your original application (please refer to your application materials if necessary).**
- 3. Briefly describe the value of your summer experience, including what you learned and how it will influence any subsequent work. If applicable, would you recommend this project to other students?**

Please return your completed Progress Report to medstudentaffairs@brown.edu no later than August 9, 2021.