# DEPARTMENT OF UROLOGY
## RESIDENT RESEARCH PROGRESS FORM

<table>
<thead>
<tr>
<th>Resident Name:</th>
<th>Today’s Date:</th>
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<tbody>
<tr>
<td>PGY 1 (start date)</td>
<td>U4 (start date)</td>
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</table>

### Research Idea/Abstract Title:

<table>
<thead>
<tr>
<th>Basic Science Research Mentor (please print)</th>
<th>Date</th>
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Signature Basic Science Research Mentor

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<tr>
<th>Clinical Research Mentor (please print)</th>
<th>Date</th>
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Signature Clinical Research Mentor

### U-1 Year: Research Idea Completed (IRB, Funding, Lab, etc.)

Mentor Signature: ___________________________ Date: ____________

Resident Signature: ___________________________ Date: ____________

### U-2 Year: Research Initiated

Mentor Signature: ___________________________ Date: ____________

Resident Signature: ___________________________ Date: ____________

### U-3 Year: Research Project Update

- [ ] In Progress
- [ ] Completed
- [ ] Meeting Abstract
- [ ] Publication

Mentor Signature: ___________________________ Date: ____________

Resident Signature: ___________________________ Date: ____________

### U-4 Year: Research Project Update

- [ ] Completed
- [ ] Meeting Abstract
- [ ] Publication

Mentor Signature: ___________________________ Date: ____________

Resident Signature: ___________________________ Date: ____________