Complete this form for each trainee and submit with annual programmatic report. Include a copy of the trainee's curriculum vitae and copies of any publications resulting from CIRM support.

California Institute for Regenerative Medicine **Trainee Progress Report**	CIRM TRAINING GRANT NUMBER (select from menu)	
TRAINEE'S NAME (Last, first, initial)	MENTOR'S NAME (Last, first, initial)	MENTOR"S ACADEMIC TITLE
TYPE OF APPOINTMENT	MENTOR'S PHONE NUM.	MENTOR'S EMAIL

TRAINING PROGRESS

Describe progress in the CIRM Scholar's research project and training activities including participation in coursework, seminars, and meetings during the reporting period.

Limit progress description to visible field area

☐ Check this box if an updated public policy assurance (e.g., IRB, IACUC) for the trainee's research is to be included with the report. Grantees must submit documentation that certifies or verifies review and approval by all applicable research oversight committees. A copy of such approval must include PI name, project title, approval date, and expiration date.

I certify that progress description for the CIRM Scholar is true and correct to the best of my knowledge.	SIGNATURE OF MENTOR	DATE

Rev 1/2007