RCR Training Plan

Student Name: _____

PI Name: _____

Project: _____

Funding Sponsor: _____

Project Dates   **Beginning Date:** _____   **Ending Date:** _____

Activity	Deadline	Activity Duration

Total: _____

Must be ≥ 8 hours
for NIH sponsored projects

Student Signature: _____   Date:_____

PI Signature: _____   Date:_____