

IWK Internal Programs – Interim Report



Research &
Innovation
Advancement

Project/Study Title:

PI/Applicant Name:

Grant ROMEO #:

Grant type (Post doc/Graduate):

Describe the progress you have made towards achieving your original objectives:

Are you achieving your timeline goals? Yes No

If no, please explain why.

Student Signature

Supervisor Signature

Date

Date

Please submit your completed report to research@iwk.nshealth.ca