

# TRIO McNair Scholars Program

## Summer Research Report

Complete biweekly

Scholar Name: \_\_\_\_\_ Mentor Name: \_\_\_\_\_ Report#: \_\_\_\_\_

Week of (Monday through Friday) Date \_\_\_\_\_ Through \_\_\_\_\_

Day of Week	From	To	Hours Worked	Tasks
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Weekly Hours				

Week of (Monday through Friday) Date \_\_\_\_\_ Through \_\_\_\_\_

Day of Week	From	To	Hours Worked	Tasks
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Total Weekly Hours				

I hereby certify that the time reported above represents a true statement

Scholar (signature) \_\_\_\_\_