Monthly Faculty Mentor Report

Name: 

Month/Year: 

Directions: Please take note of any research, graduate school preparation, or McNair related tasks and activities below.

**Minimum Requirement – 20 Hours (Summer Requirement – 40 Hours)**

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<tr>
<th>Date(s)</th>
<th>Task(s)</th>
<th>Hours</th>
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Total Hours

Monthly Objectives Scholar Met: 

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Additional Comments: 

________________________________________

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________________________________________

I certify that I have worked these hours:

Scholar’s Signature ___________________________ Date __________

I certify that these hours were worked:

Faculty Mentor’s Signature _______________________ Date __________