



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)****

Date(s)	Task(s)	Hours
Total Hours		

Monthly Objectives Scholar Met: _____

Additional Comments: _____

I certify that I have worked these hours:

Scholar's Signature _____
Date

I certify that these hours were worked:

Faculty Mentor's Signature _____
Date