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**

Updated: 06/12/2019