



Cleveland State University  
McNair Scholars Program

**SUMMER RESEARCH REPORT (biweekly)**

Scholar Name: \_\_\_\_\_ Mentor Name: \_\_\_\_\_

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) \_\_\_\_\_ Date \_\_\_\_\_

Mentor (signature) \_\_\_\_\_ Date \_\_\_\_\_

Updated: Nov. 2<sup>nd</sup>, 2011