



Cleveland State University
TRIO McNair Scholars Program

SUMMER RESEARCH REPORT (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) _____ Date _____

Mentor (signature) _____ Date _____