



Cleveland State University

TRIO McNair Scholars Program

Summer Research Report

Complete 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 _____