RESEARCH INTERNSHIP JOURNAL (weekly)

Academic year:_______________________ Report #:_______________________________

Scholar Name:________________________ Date:_______________________________

Faculty Member:______________________ Discipline:________________________

1. What aspect of the research project was completed this week?

2. What are the targeted goals for the research project in the upcoming weeks?

3. Are there any comments, questions, or concerns?

4. Are there any needs the McNair Program can assist you with?

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