



## McNair Scholars Program

## **Weekly Report Sheet**

Scholar's Name:							Date:		
Week of:									
Mentor's Signature:							Date:		
McNair Staff Signature:							Date:		
Please respond to the	e followi	ng que	stions.						
1. Please provide a pa	ragraph s	summar	y of yo	ur resea	rch acti	vities this	past week.		
2. How many hours of	id you w	ork on	researcl	h this wo	eek?				
<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>	<u>S</u>	TOTAL		
Hours									
3. Have you experien	ced any	difficult	ties?	N	JO		YES		
	nature o	f these				you think 1	needs to be done to add	dress	
4. Do you need any a	dditional	supplie	es or ea	uipment	?				