

**UNIVERSITY OF WISCONSIN - SUPERIOR  
McNAIR SCHOLARS PROGRAM**

**TIME AND EFFORT REPORT**

Please complete this form and return it to the McNair Scholars Program Office in Old Main 340 monthly from January through August.

Scholar's Name \_\_\_\_\_

Month of \_\_\_\_\_

Week of \_\_\_\_\_

[ ] The Scholar and I had \_\_\_\_\_ hours of contact for the month.

Brief summary of work completed/additional comments:

Mentor's Name (please print): \_\_\_\_\_

Mentor's Signature \_\_\_\_\_

Date \_\_\_\_\_

This is an accountability format required by the Department of Education Federal Guidelines.