

**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.