Westminster College
Ronald E. McNair Post-Baccalaureate Achievement Program

Time and Effort / Faculty Mentor Report

Summer Research Mentors: Please complete this form weekly.
Academic Year Faculty Mentors: Please complete this form monthly.

Scholar’s Name: ____________________________  Time Period: ____________________________
(indicate dates)

1. The scholar and I had _____________ hours of contact for the week/month.

2. Mentoring activities this period (check all that apply).
   
   _____ conferences about the research project
   _____ discussing knowledge base of the discipline
   _____ teaching research concepts or skills
   _____ career counseling
   _____ graduate school counseling/ advising
   _____ introducing to professional networks, conferences, and associations
   _____ social activity
   _____ other (please describe)

3. Brief summary of work completed for the time period.

4. List any concern you have about the scholar or the progress of the project.

5. List any suggestions for improving any aspect of the summer internship program or the McNair Scholars Program overall.

6. Other comments for the McNair Staff?

Mentor’s Printed Name    Mentor Signature     Date

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