

Planned Student Activities Completion Form

(Form must be submitted no later than the 10th of June/December)

Student Name: _____ Date: _____

Supervising Professors' please use the form below to report the completion of the approved Planned Student Activities form submit prior to registration for TSCI 6097 – Mentored Research. Please provide as much detail as possible to accurately reflect the students' completion of planned activities.

Activity 1	_____	Hours/week	_____
	Activity 1 Total Monthly Hours		_____

Activity 2	_____	Hours/week	_____
	Activity 2 Total Monthly Hours		_____

Activity 3	_____	Hours/week	_____
	Activity 3 Total Monthly Hours		_____

Activity 4	_____	Hours/week	_____
	Activity 4 Total Monthly Hours		_____

Activity 5	_____	Hours/week	_____
	Activity 5 Total Monthly Hours		_____

Activity 6	_____	Hours/week	_____
	Activity 6 Total Monthly Hours		_____

Activity 7	_____	Hours/week	_____
	Activity 7 Total Monthly Hours		_____

Total Monthly Hours _____

Student Signature _____ Date _____

Supervising Professor Signature _____ Date _____
Printed Name, Credentials _____

Course Director Approval _____ Date _____