Record for the Month/Year of: ________________________

This document must be signed by the student and submitted to the Course Director the first week of each month after the reporting month.

For each activity, provide as much detail as possible to accurately reflect your participation.

Activity 1

________________________________________________________________________

__________________________________________ Hours/week _______________

Activity 2

________________________________________________________________________

__________________________________________ Hours/week _______________

Activity 3

________________________________________________________________________

__________________________________________ Hours/week _______________

Activity 4

________________________________________________________________________

__________________________________________ Hours/week _______________

Activity 5

________________________________________________________________________

__________________________________________ Hours/week _______________

Activity 6

________________________________________________________________________

__________________________________________ Hours/week _______________

Student Signature

________________________________________________________________________

Student Name: ________________________ Date: _______________

IRB Signature

________________________________________________________________________

TSCI 6102 Course Director Date: _______________

Electronic/Wet Signatures Are Accepted