



North Dakota State University

Ronald E. McNair Postbaccalaureate Achievement Program

Monthly Research Report

PLEASE COMPLETE AND RETURN TO THE McNAIR OFFICE PRIOR TO THE 25TH OF EACH MONTH.

NAME:		MONTH OF REPORT:	YEAR:	
<p>Please explain the nature of your research this month.</p>				
TOTAL RESEARCH HOURS COMPLETED DURING THIS REPORT PERIOD: 5 or 10 hours per week required (Average of 20 or 40 hours per month)				
<p>Have you attended any professional seminars, symposiums, or conventions as part of your research? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list and give dates:</p> <p>1)</p> <p>2)</p>				
Scholar's Signature:			Date:	
Faculty Mentor's Signature:			Date:	
FOR OFFICE USE ONLY				
Research Hours Approved: <input type="checkbox"/>		Research Hours Not Approved: <input type="checkbox"/>	Director's/ Coordinator's Initials:	
Date Received:	Stipend to be Paid:	APV Number:	Date Sent to Accounting:	Posted: