Senior Project Time Verification Form

Senior's Name _____

Description of Project _____

Start Date: Completion Date:

Keep track of your hours as you progress. This sheet is primarily for your mentor and does not count as your actual logs. You should meet with your mentor weekly, but you are required to meet with your mentor at least twice before the project is over.

Date	Number of Hours	Mentor Initials *	Description of Project Activity
Total Hours:	0		

* To be initialed when contact is made with mentor.

As a mentor, I can reasonably assure the Senior Project Board that a minimum of fifteen hours has been spent by the student on the project.

_____

Mentor's Signature