

Weekly Progress Form-PSYC 498 Undergraduate Research

Student Name: _____ Faculty Name: _____

Week	Research Activities (filled by student)	Meeting Date	Faculty Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

The following questions are for the faculty to complete:

- | | | |
|--|-----|----|
| 1. Has the student presented results at a meeting? | Yes | No |
| 2. Has the student submitted a written final report? | Yes | No |

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____