



Full Name: (Mr. / Miss / Mrs.) Program: College of Computing

Week	Date	Activities	Hours	Remarks
1				
2				
3				
4				
5				
6				

Instructions:

1. Only include unpaid activities performed for College of Computing. Do not include regular thesis activities or paid work hours.
2. Only include days in the current month. If a week spans two months, the number of hours from two reports will be combined to get the total for that week.
3. Do not add more rows. All activities performed in the same week should be written on the same row. Report the total hours for each week.
4. Please submit the report by the 5th of every month.

I hereby confirm that the information provided herein is accurate, correct, and complete.

Signature _____

(.....)

Student

Signature _____

(.....)

Advisor