



Peach State LSAMP - University of Georgia
 Research Work Verification Form
 Fall 2024



This certifies that _____ has successfully fulfilled his/her 10 hours per week obligation in my research lab.

September 2 – September 6	_____
	(Supervisor's Signature)
September 9 – September 13	_____
	(Supervisor's Signature)
September 16 – September 20	_____
	(Supervisor's Signature)
September 23 – September 27	_____
	(Supervisor's Signature)
September 30 – October 4	_____
	(Supervisor's Signature)
October 7 – October 11	_____
	(Supervisor's Signature)
October 14 – October 18	_____
	(Supervisor's Signature)
October 21 – October 25	_____
	(Supervisor's Signature)
October 28 – November 1	_____
	(Supervisor's Signature)
November 4 – November 8	_____
	(Supervisor's Signature)
November 11 – November 15	_____
	(Supervisor's Signature)
November 18 – November 22	_____
	(Supervisor's Signature)
November 25 – November 29	_____
	(Supervisor's Signature)
December 2 – December 6	_____
	(Supervisor's Signature)
December 9 – December 13	_____
	(Supervisor's Signature)

 (Supervisor's Name--Printed)

 (Department)

Please submit this form, with original signatures, to the UGA LSAMP email (pslasamp@uga.edu) by Monday, December 16, 2024 at 11:59pm to ensure timely payment. Please note that your project work time is determined by your Faculty Mentor which may or may not include all the weeks listed above.