



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



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

January 22 – January 26

 (Supervisor's Signature)

January 29 – February 2

 (Supervisor's Signature)

February 5 – February 9

 (Supervisor's Signature)

February 12 – February 16

 (Supervisor's Signature)

February 19 – February 23

 (Supervisor's Signature)

February 26 – March 1

 (Supervisor's Signature)

March 4 – March 8

 (Supervisor's Signature)

March 18 – March 22

 (Supervisor's Signature)

March 25 – March 29

 (Supervisor's Signature)

April 1 – April 5

 (Supervisor's Signature)

April 8 – April 12

 (Supervisor's Signature)

April 15 – April 19

 (Supervisor's Signature)

April 22 – April 29

 (Supervisor's Signature)

 (Supervisor's Name--Printed)

 (Department)

This form must be received in the UGA – LSAMP Office, 214 Terrel Hall by **Wednesday, May 3, 2024 at 5:00pm** 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.