

# THE INSTITUTE FOR SCIENCE AND MATHEMATICS

Student's Printed Name: \_\_\_\_\_ HSSU Student ID: \_\_\_\_\_

Time Sheet Due Date: \_\_\_\_\_ Scheduled Payroll Date: \_\_\_\_\_



By signing this form, I certify that I have contributed the required time to meet the expectations of my position as a Resident Advisor and that I did not neglect my studies at Harris-Stowe State University while doing so.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I am verifying that the above RA has contributed the time and has met the expectations of their role in the Science and Mathematics Summer program and that they did not neglect their studies at Harris-Stowe State University while doing so.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_