## Project Number

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##### A logo of a university Description automatically generated

**College of Graduate Studies and Scientific Research**

## Part-Time Research Assistants

**Principal Investigator’s Name:**  Date:

College: Department: Telephone:

Title of the Project:

Month:

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| --- | --- | --- | --- | --- | --- |
| **Signature of Principal Investigator** | **Total Hours** | **Time** | | **Day** | **Week** |
| **To** | **From** |
|  |  |  |  |  | Week 1 |
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|  |  |  |  |  | Week 2 |
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|  |  |  |  |  | Week 3 |
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|  |  |  |  |  | Week 4 |
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|  |  |  |  |  | **Total** |

**Assistant Name** :

Dean of College of Graduate Studies and Scientific Research

### Date: