



Mini Medical School – Hours Audit Form

Name: _____

E-Mail: _____

Phone: _____

Year: 1 2 3 4 5+

Project Group: _____

Project Leader's Name: _____

Hours Estimate: _____

In the space below, please give a breakdown of how you achieved this hours estimate (Ex. 8 hours from general meetings, 3 hours from venues, etc.)

Signature: _____

Date: _____

Project Leader Signature: _____

Date: _____