

# RESEARCH MENTOR/McNAIR SCHOLAR AGREEMENT FORM

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## ACADEMIC YEAR RESEARCH PROGRAM

Scholars must read, sign, and return the original form within four weeks of the beginning of the semester

## SCHOLAR INFORMATION

Name: \_\_\_\_\_ Academic Major: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## RESEARCH MENTOR INFORMATION

Name: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Research Site: \_\_\_\_\_  
Room # Building Street

## POST-DOC OR GRADUATE STUDENT INFORMATION (IF APPLICABLE)

Name: \_\_\_\_\_ Department: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## RESEARCH INFORMATION

Topic: \_\_\_\_\_

Proposal: \_\_\_\_\_  
Date of Submission

Signatures: \_\_\_\_\_  
Faculty Mentor McNair Assistant Director

## AGREEMENT

Date: \_\_\_\_\_

I, \_\_\_\_\_, as a McNair Scholar, hereby certify that I have read and agree to the responsibilities for participating in the McNair Scholars Research Program. I further agree that failure to comply with the rules of the program constitutes grounds for my dismissal from it.

I, \_\_\_\_\_, hereby agree to participate as a Research Mentor, and certify that I have read and understand the Research Mentor responsibilities for participating in the McNair Scholars Research Program.