



Faculty Mentor Selection

Scholar's Name

Department

Mentor's Name

Department

Title

Office Location (Bldg & Room)

Mentor's Phone

Mentor's E-mail

Your Department Chair/College Dean: _____

Brief overview of your research interests & current projects:

Level of involvement you will have as a faculty mentor of a McNair Scholar:

Faculty Mentor Signature (Digital)

Date (MM/DD/YYYY)

OR

Faculty Mentor Signature (Written)