

**FACULTY MENTOR and SCHOLAR Meeting Verification**  
**Indiana State University**  
**McNair Achievement Program**

**\*\*Please return this form to Dreiser Hall 201, Attn: Kristi\*\***  
**Telephone: 237-8315**

I agree that I have met with \_\_\_\_\_, McNair Scholar to discuss one or more of the following issues:

- Graduate school selection
- Graduate school admission
- Serving as a reference for scholar
- Feedback about scholar research
- Encouraging attendance to a discipline-specific conference
- Feedback about scholar writing skills
- Other:

I met with the McNair Scholar on the following dates:

1<sup>st</sup> meeting date: \_\_\_\_\_

2nd meeting date: \_\_\_\_\_

3rd meeting date: \_\_\_\_\_

Important:

Met with scholar on the following date(s) in the last calendar month (please give date(s)):

Scholar Signature: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

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