**MCNAIR SCHOLARS PROGRAM**

**Summer Research Internship
 Mentor & McNair Scholar Agreement**

**Please complete and return to:**

Dr. Nievita Bueno Watts, Director

McNair Scholars Program

2401 College Street
 nievita.watts@uni.edu

# Scholar's Information

Name:

Major:

Email:

Phone:

# Faculty Mentor's Information

Name:

Office:

Email:

Phone:

# Agreement

Each scholar must participate in the mentoring component of the McNair Scholars Program. **All** scholars must assume the following responsibilities:

1. I will keep all scheduled appointments with the faculty mentor.
2. I will be prompt for both meetings and research.
3. I will notify my mentor in advance of scheduling conflicts that prohibit my attendance at a mentor and mentee conference, and reschedule the appointment at that time.
4. I will regularly update my **Time and Effort Log**
5. I will immediately contact my faculty mentor and/or McNair Director as soon as a problem arises.

By signing this form I, , McNair Scholar, agree to assume all responsibilities required for participation in the McNair Scholars Summer Research Internship. **I further agree that failure to comply with the rules governing the program may be cause for my dismissal from the program**.

Scholar Signature: Date:

By signing this form I, , UNI faculty mentor, agree to meet with, mentor and guide this McNair Scholar during the Summer Research Institute, and provide either wet or electronic signatures for completed work when needed.

Mentor Signature: Date: