



# McNair Scholars Program



## Mentor/Protégé Research Plan

Scholar Name:

Mentor Name:

Mentor Title:

Mentor Institution:

Mentor Telephone Number:

Mentor Address:

Mentor e-mail:

Scholar – Research Project Title:

Dates agreed for schedule visits:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Projected milestones:

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Description of proposed methods of research assistance:

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

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

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

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