



Cleveland State University

McNair Scholars Program

RESEARCH ACTION PLAN

Academic Year: _____

Semester: _____

Year of study: _____

Scholar Name: _____

Department/Faculty Mentor: _____

1. Research Topic:

2. Summary of Research Project:

3. Scholar's research responsibilities:

4. Academic and special skills needed:

5. Research work schedule:

6. Comments/Special needs/Suggestions:

Faculty Mentor Signature

McNair Scholar Signature

Updated: Nov. 2nd, 2011