

DISCIPLINE FACULTY MENTOR PARTNERSHIP AGREEMENT

This agreement indicates my consent to work with the McNair Scholar, ______, and provide advice and consultation on academics, research, and fields of graduate study; guide the development of the research project; discuss possible graduate schools and encourage pursuit of graduate studies; provide information on professional organizations/conferences; attend social/cultural enrichment activities; and provide general direction.

I understand that I will be asked to submit monthly reports to the TRIO McNair Scholars Program at Cleveland State University.

Discipline Faculty Mentor (please print name)

Discipline Faculty Mentor (signature)	Date
McNair Scholar (signature)	Date
McNair Director (signature)	Date
Rev.: 10/01/2012	