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. It also indicates that I am open to writing a recommendation letter on behalf of this student if I find it appropriate and/or deserving, and will let the student know whether or not I will be writing the recommendation letter. In the event I agree to compose such letter, I consent to be contacted by the McNair Scholars program to inquire about the status of its submission.

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. 02/13/2020