McNair Scholars Program

RESEARCH ACTION PLAN

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

Rev.: 03/05/2015