

**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:

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Faculty Mentor Signature McNair Scholar Signature

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