McNair Scholars Program

GRADUATE SCHOOL VISITATION FORM

This form **must** be completed by the scholar for **each** meeting (i.e. one form for each meeting). It is the **scholar’s responsibility to obtain the required signatures** and to **submit the form(s)**, along with the Travel Summary Form and travel receipts, to the McNair office within **three** business days following the graduate school visit.

______________________________________________

Scholar:________________________________________

Dates of Trip: _____/_____/_____ to _____/_____/_____  

Graduate School:_________________________________

Department:_____________________________________

Name of Person Met With:_________________________

Title of Person Met With:_________________________

Date of Meeting: _____/_____/_____  

Time of Meeting: _____:_____ AM/PM (circle one)  

Reason for Meeting:___________________________________

**DEPARTMENT STAMP **

*Ask the department to place their department stamp in the designated space above*  
*If stamp is not available, please attach a business card for the individual with whom you met*  

______________________________________________

Signature of Professor or Graduate School Representative Date