



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

