

McNair Scholars Program

GRADUATE SCHOOL VISITATION FORM

This form <u>must</u> be completed by the scholar for <u>each</u> meeting (i.e. <u>one</u> form for <u>each</u> 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 <u>three</u> business days following the graduate school visit.

Date 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 *	
Graduate School: Department: Name of Person Met With: Title of Person Met With: Date of Meeting:	Scholar:
Department: Name of Person Met With: Title of Person Met With: Date of Meeting:	Dates of Trip:/ to/
Name of Person Met With: Title of Person Met With: Date of Meeting:	Graduate School:
Title of Person Met With: Date of Meeting:	Department:
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Signature of Professor or Graduate School Representative Date	
Signature of Professor or Graduate School Representative Date	
Signature of Frotestor of Graduite School Representative	Signature of Professor or Graduate School Representative Date